


FILED**Jun 13, 2005 8:00 am
Secretary of State**

06-13-2005 90005 019 ****70.00

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000007217 1. Entity Name BROOKS BOXERS, INCORPORATION					
Principal Place of Business 1507 NORTH A STREET WEST TAMPA, FL 33606			Mailing Address 1507 NORTH A STREET WEST TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3608458	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROOKS, JOHN SR. 1507 NORTH A STREET WEST TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PD BROOKS, JOHN SR. 1507 NORTH A STREET WEST TAMPA, FL 33606		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VD BROOKS, JOHN JR. 1507 NORTH A STREET WEST TAMPA, FL 33606		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD SHERMAN, CHRISTY 1507 NORTH A STREET WEST TAMPA, FL 33606		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD SHERMAN, MARY 1507 NORTH A STREET WEST TAMPA, FL 33606		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Brooks SR.</i> / JOHN BROOKS, SR.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 6/7/05 Daytime Phone: 813-293-4883					

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05252005 Chg-NP CR2E037 (10/03)