2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000007217



Jun 01, 2006 8:00 am Secretary of State 06-01-2006 90003 018 ****70.00

FILED

1. Entity Nam BROOKS	BOXERS, INCORPORATI	ON									
Principal Place of Business 1507 NORTH A STREET WEST TAMPA, FL 33606		150	Mailing Address 1507 NORTH A STREET WEST TAMPA, FL 33606							5002	0233
2. Principal P	Place of Business	3. Mai	ling Address								
*:T		Su 	Suite, Apt. #, etc.			_	05252006 _{CI}	hg-NP	CR2E	E037 (4/ <u>/</u> 06))
City & State		Ci	City & State			·	4. FEI Number 59-360845	58		,	Applied For Not Applicable
Zip	Country	Zij	P	Cor	untry		5. Certificate of St	atus Desired	7KI	\$8.75 A	
	6. Name and Address of Current	Register	ed Agent	· a ·	T		7. Name and Add	ress of New F	Registered	Agent	
			x·	•	Name	-					
BROOKS, JOHN SR. 1507 NORTH A STREET WEST					Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, F	L 33606										
					City				F	Zip Co	ode
	e named entity submits this statement to tions of registered agent.	or the purp	ose of changing its	register	ed office or	register	ed agent, or both, in	the State of F	lorida. I ar	n familiar wit	h, and accept
h .											
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	plicable. (NOTE	: Registere	ed Agent signatur	re required	when reinstating)		DATE		
÷	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 6, 2006	and title if app	9. Election Cam Trust Fund C	npaign F	inancing	re required	\$5.00 May Be Added to Fees		Make che	ck payable	
D	Filing Fee is \$61.25 ue by September 6, 2006		9. Election Carr Trust Fund C	npaign F Contribut	inancing [\$5.00 May Be Added to Fees	Flo	flake che rida Depa	ck payable artment of	State
D 10.	Filing Fee is \$61.25		9. Election Carr Trust Fund C	npaign F Contribut	Financing tion.		\$5.00 May Be	Flo	flake che rida Depa	ck payable artment of DIRECTORS	State IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP