2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # P00000022731 1. Entity Name THE BROOKS COMPANY					04-09-2007 90056 008 ***158.75			
Principal Place of Business		Mailing Address	Mailing Address					
21044 WOLFBRANCH RD. MT. DORA, FL 32757		21044 WOLFBRANCH RD. MT. DORA, FL 32757						
Principal Place of Business - No P.O. Box # 3.		2 Mailing Address	3. Mailing Address					
2. Findpar lace of dusiness - (40 P.O. BOX #		3. Maiing Address		1 1830/100 UV OR		, un iia ii ain iinii istaa iiiai is		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 59-36321	33	— — — ·	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	dress of New Re	egistered Agent	· · · · · · · · · · · · · · · · · · ·
LEVIN. PATRICIA G					"George Brooks			
21044 WOLFBRANCH RD MT. DORA, FL 32757				Street Address (P.O. Box Number is Not Acceptable)				
WIT, DORA	N, FL 32151							
				City M.	Dora			
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.								
SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinsustring) DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND		11.	· · · · ·	ADDITIONS/CH	HANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME	DP BROOKS, GEORGE T JR.	☐ Delete	TITLE NAME	:			☐ Change	Addition
STREET ADDRESS	21044 WOLFBRANCH RD.			ADDRESS				
CITY-ST-ZIP TITLE	MT. DORA, FL 32757	□ Delete	CITY-ST	T-ZIP				- Addition
NAME	BROOKS, THOMAS	L Detete	NAME				☐ Change	☐ Addition
STREET ADDRESS City-St-zip	21044 WOLFBRANCH RD MOUNT DORA, FL 32757		STREET . CITY-ST	ADDRESS				
TITLE	S	Delete	TITLE	1/07	' 5/T		Change	Addition
NAME	LEVIN, PATTI		NAME	Dét	he ees. L	nto _	AGE TO SERVICE OF THE PERSON O	7 7
STREET ADDRESS CITY-ST-ZIP					UN			
	21044 WOLFBRANCH RD MOUNT DORA, FL 32757		1	AODRESS 371	orres, L 11 Shali	mar Dr	2 34731	
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TITLE NAME	MOUNT DORA, FL 32757 T LEVIN, PATTI	Delete	CITY-SI TITLE NAME	T/s	S/VP	aer, Pi. Lito	Change	Addition
TITLE	MOUNT DORA, FL 32757 T LEVIN, PATTI 21044 WOLFBRANCH RD.	Delete	CITY-SI TITLE NAME	T/s	S/VP	aer, Pi. Lito	Change	Addition
TIFLE NAME STREET ADDRESS	MOUNT DORA, FL 32757 T LEVIN, PATTI 21044 WQLFBRANCH RD. MOUNT DORA, FL 32757 VP	Delete Delete	CITY-SI TITLE NAME STREET	ADDRESS 371	S/YP TOREES, 11 Shalim 11 Hand P	Lito ne De.	3U731	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MOUNT DORA, FL 32757 T LEVIN, PATTI 21044 WQLFBRANCH RD. MOUNT DORA, FL 32757 VP LITO, DE TORRES		CITY-SI TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS 371	S/YP TOREES, 11 Shalim 11 Hand P	Lito ne De.	3U731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MOUNT DORA, FL 32757 T LEVIN, PATTI 21044 WQLFBRANCH RD. MOUNT DORA, FL 32757 VP		CITY-SI TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS 371 T-ZIP FR. ADDRESS 371 ADDRESS 37	Tores, Tores, 11 Shalim 11 Shalim 5/T Torres,	Lito ar Dr. brk, Fl Lito Ilmar (Change	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOUNT DORA, FL 32757 T LEVIN, PATTI 21044 WQLFBRANCH RD. MOUNT DORA, FL 32757 VP LITO, DE TORRES 37111 SHALIMAR DR	☐ Delete	CITY-SI TITLE NAME STREET. CITY-SI TITLE NAME STREET. CITY-SI TITLE NAME	ADDRESS 371 T-ZIP FR. ADDRESS 371 ADDRESS 37	Tores, Tores, 11 Shalim 11 Shalim 5/T Torres,	Lito ar Dr. brk, Fl Lito Ilmar (3473 I Schange OR -13473 I	☐ Addition
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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 607, 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 than the province of the corporation or the receiver or trustee empowered.

SIGNATURE: Sco /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-07 352-383-5758

Daytime Phone #