

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000116187 1. Entity Name TOM BROCKELBANK, INC.	
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Principal Place of Business ONE SAN JOSE PLACE, STE. 9 JACKSONVILLE, FL 32257-7581	Mailing Address ONE SAN JOSE PLACE, STE. 9 JACKSONVILLE, FL 32257-7581
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3686466	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROCKELBANK, THOMAS A
ONE SAN JOSE PLACE, STE. 9
JACKSONVILLE, FL 32257-7581**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCKELBANK, THOMAS A ONE SAN JOSE PLACE, STE. 9 JACKSONVILLE, FL 322577581
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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 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 like empowered.

SIGNATURE: Thomas A. Brockelbank Thomas A. Brockelbank 2-10-04 904 262 6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #