

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000016093

1. Entity Name
BROOKS FAMILY INCORPORATED



Principal Place of Business

2159-02 ANDREA LANE
FORT MYERS, FL 33912

Mailing Address

2159-02 ANDREA LANE
FORT MYERS, FL 33912



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0463538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, GARETH
2159-02 ANDREA LANE
FORT MYERS, FL 33912

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000643634
03/02/07-80009-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOKS, PAULA
STREET ADDRESS 8903 FALCON POINTE LOOP
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE DVST
NAME BROOKS, GARETH
STREET ADDRESS 8903 FALCON POINTE LOOP
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **PRESIDENT** 2/19/07 489-2144
Date Daytime Phone #