

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90051 001 ***150.00

DOCUMENT # P03000114771

1. Entity Name

JAMES BROOKS PAINTING, INC.



Principal Place of Business

WICKHAM COMMONS SELF STORAGE #372
7300 DOLINA COURT
MELBOURNE FL 32940

Mailing Address

1910 WASHINGTON AVE
MELBOURNE FL 32935

50017297



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

7300 DOLINA COURT

Suite, Apt. #, etc.

UNIT #372 STORAGE

City & State

MEL, FL.

Zip
32940

Country

BREVARD

3. Mailing Address

1910 WASHINGTON AVE.

Suite, Apt. #, etc.

NEW ADDRESS BROTHERS HOUSE

City & State

MEL, FL.

Zip
32935

Country

BREVARD

4. FEI Number

043777732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALLEN
2087 SARNO ROAD
MELBOURNE FL 32950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BROOKS, ALLEN**
STREET ADDRESS **2087 SARNO ROAD**
CITY-ST-ZIP **MELBOURNE FL 32950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **James Brooks**
STREET ADDRESS **2087 A Sarno Rd.**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-2005

Date

Daytime Phone #