

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-16-2004 90035 033 ***150.00

DOCUMENT # P03000181171			
1. Entity Name SCOTT BROOKS, INC.			
Principal Place of Business 1622 SW 28TH TERRACE CAPE CORAL FL 33914		Mailing Address 1622 SW 28TH TERRACE CAPE CORAL FL 33914	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent BROOKS, MARY 1622 SW 28TH TERRACE CAPE CORAL FL 33914		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 <u>Mary Brooks</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-15-04</u>			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, SCOTT 1622 SW 28TH TERRACE CAPE CORAL FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, MARY 1622 SW 28TH TERRACE CAPE CORAL FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEMP, AARON 1622 SW 28TH TERRACE CAPE CORAL FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEMP, JASON 1622 SW 28TH TERRACE CAPE CORAL FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: <u>Mary Brooks</u> <u>Jason Brooks</u> <u>4-15-04</u> <u>239-5426613</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

66426183



MOORE CR2E034 (11/03)

4. FEI Number
20-0490672
Applied For
Not Applicable
5. Certificate of Status Desired ☐ and .75 Additional Fee Required

Corrected