

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000151171

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**

FILED
Apr 24, 2006 08:00 AM
Secretary of State



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0490672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROOKS, MARY
1622 SW 28TH TERRACE
CAPE CORAL, FL 33914**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000527964
05/05/06-80016-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOKS, SCOTT
STREET ADDRESS 1622 SW 28TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE TD
NAME BROOKS, MARY
STREET ADDRESS 1622 SW 28TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE V
NAME KEMP, AARON
STREET ADDRESS 1622 SW 28TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE S
NAME KEMP, JASON
STREET ADDRESS 1622 SW 28TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914

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

1-11-06
Date

239-542-0612
Daytime Phone #