

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**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**



02072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0490672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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, 2008 Fee will be \$550.00**

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

**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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05/21/08-80064-017 150.00

**DO NOT WRITE  
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**

*Mary Kemp Brooks* MARY KEMP BROOKS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-08 (239) 542-0613