

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140794

Entity Name: BROOKSBILT, INC.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

1767 FOUR MILE COVE PKWY., #815
CAPE CORAL, FL 33990

Current Mailing Address:

1767 FOUR MILE COVE PKWY., #815
CAPE CORAL, FL 33990

New Principal Place of Business:

1767 FOUR MILE COVE PKWY.
813
CAPE CORAL, FL 33990

New Mailing Address:

1767 FOUR MILE COVE PKWY.
813
CAPE CORAL, FL 33990

FEI Number: 76-0768400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, WILLIAM
1767 FOUR MILE COVE PKWY., #815
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

BROOKS, WILLIAM
1767 FOUR MILE COVE PKWY.
813
CAPE CORAL, FL 33990 US

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.

SIGNATURE:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROOKS, WILLIAM
Address: 1767 FOUR MILE COVE PKWY., #815
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: BROOKS, LINDA
Address: 1767 FOUR MILE COVE PKWY., #815
City-St-Zip: CAPE CORAL, FL 33990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROOKS, WILLIAM
Address: 1767 FOUR MILE COVE PKWY., #813
City-St-Zip: CAPE CORAL, FL 33990

Title: VD (X) Change () Addition
Name: BROOKS, LINDA
Address: 1767 FOUR MILE COVE PKWY., #813
City-St-Zip: CAPE CORAL, FL 33990

Title: SEC () Change (X) Addition
Name: BROOKS, JUSTIN R
Address: 1767 FOUR MILE COVE PKWY., #813
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BROOKS

PD

01/03/2005

Electronic Signature of Signing Officer or Director

Date