

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90276 040 \*\*\*150.00

**DOCUMENT # P05000053660**

1. Entity Name  
**JERRY L. BROCK, INC.**



Principal Place of Business: **1011 GOLF COURSE PARKWAY DAVENPORT, FL 33837 US**  
 Mailing Address: **1011 GOLF COURSE PARKWAY DAVENPORT, FL 33837 US**

**00006011**



2. Principal Place of Business: Suite, Apt. #, etc.  
 City & State:   
 Zip: Country:   
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State:   
 Zip: Country:

02212006 Chg-P CR2E034 (11/05)

4. FEI Number: **01-0834105**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROCK, JERRY L</b>	
STREET ADDRESS	<b>1011 GOLF COURSE PARKWAY</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROCK, JANET E</b>	
STREET ADDRESS	<b>1011 GOLF COURSE PARKWAY</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROCK, JAMES E</b>	
STREET ADDRESS	<b>6488 BAHAI ROAD</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jerry L Brock*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_