


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90119 022 \*\*\*158.75

<b>DOCUMENT # P05000074222</b> 1. Entity Name <b>THE BROOK HILL GROUP, INC.</b>					
Principal Place of Business <b>845 LUTZ LAKE FERN RD LUTZ, FL 33548</b>			Mailing Address <b>845 LUTZ LAKE FERN RD LUTZ, FL 33548</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT WELDON, SYLVIA</b> <input type="checkbox"/> Delete <b>845 LUTZ LAKE FERN RD LUTZ, FL 33548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Weldon, Sylvia</b> <b>854 Lutz Lake Fern Rd</b> <b>Lutz, FL 33548</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GEORGE, CHERYL</b> <b>4686 CLEARVIEW DR</b> <b>BARTLESVILLE,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>George, Cheryl</b> <b>2250 Milton Rd</b> <b>Sulphur, OK 73086</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GEORGE, DAVID</b> <b>845 LUTZ LAKE FERN RD</b> <b>LUTZ, FL 33548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>George, David</b> <b>2250 Milton Rd</b> <b>Sulphur, OK 73086</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <input type="checkbox"/> Delete <b>WELDON, JACK</b> <b>845 LUTZ LAKE FERN RD</b> <b>LUTZ, FL 33548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Weldon, Jack</b> <b>854 Lutz Lake Fern Rd</b> <b>Lutz, FL 33548</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Sylvia E Weldon</u> <u>1/9/06</u> <u>8139484133</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					