2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097747

Title:

Name:

Address:

City-St-Zip:

FILED Jul 10, 2008 Secretary of State

Entity Nam	ie: BROOKS	STONE SECURITIES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
520 SOUTH LAKELAND		US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX 8 LAKELAND		US			
FEI Number:	61-1013147	FEI Number Applied For () FEI Nu	mber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
AIRTH, HAL A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 US					
		submits this statement for the purpose of	of changing it	its registered office or registered agent, or both,	
SIGNATURE:					
	Electro	nic Signature of Registered Agent		Date	
Election Cam	Electronic Signature of Registered Agent Date Campaign Financing Trust Fund Contribution (). CERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
OFFICERS	AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DP (TURBEVILLE, 1 P.O. BOX 8087 LAKELAND, FL	•	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition TURBEVILLE, ANTONY L CEO 520 SOUTH FLORIDA AVE LAKELAND, FL 33801 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DP () Change (X) Addition LOCY, DAVID L PRES 520 SOUTH FLORIDA AVE LAKELAND, FL 33801 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DP () Change (X) Addition KATHY, HOLEMAN VP 520 SOUTH FLORIDA AVE LAKELAND, FL 33801 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID W. LOCY PRES 07/10/2008

() Delete

() Change (X) Addition

MALONEY, CHERI SEC

520 SOUTH FLORIDA AVE

LAKELAND, FL 33801 US