

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097747

FILED
Mar 23, 2009
Secretary of State

Entity Name: BROOKSTONE SECURITIES, INC.

Current Principal Place of Business:

520 SOUTH FLORIDA
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8087
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 61-1013147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIRTH, HAL A JR
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TURBEVILLE, ANTONY L CEO
Address: 520 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801 US

Title: DP () Delete
Name: LOCY, DAVID L PRES
Address: 520 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801 US

Title: DP () Delete
Name: KATHY, HOLEMAN VP
Address: 520 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801 US

Title: DP () Delete
Name: MALONEY, CHERI SEC
Address: 520 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID W. LOCY

Electronic Signature of Signing Officer or Director

MR.

03/23/2009

_____ Date