

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000103254

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** BROOKS & CLINE INC.

**Current Principal Place of Business:**

2320 TREASURE ISLE DR.  
A67  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2320 TREASURE ISLE DR  
A67  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

2320 TREASURE ISLE DR.  
A67  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 26-3992547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLINE, TOBY R  
14601 SW 76 AVE  
PALMETTO BAY, FL 33158 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: P  
Name: CLINE, TOBY R  
Address: 14601 SW 76 AVE  
City-St-Zip: PALMETTO BAY, FL 33158

Title: VP  
Name: BROOKS, DEBRA  
Address: 14601 SW 76 AVE  
City-St-Zip: PALMETTO BAY, FL 33158

I hereby 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 all other like empowered.

**SIGNATURE:** TOBY R. CLINE

P

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date