



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90075 032 ***158.75

DOCUMENT # P05000144087					
1. Entity Name JOHN M. BROOKS INSURANCE AGENCY, INC.					
Principal Place of Business 11362 SAN JOSE BOULEVARD, SUITE 19 JACKSONVILLE, FL 32256			Mailing Address 11362 SAN JOSE BOULEVARD, SUITE 19 JACKSONVILLE, FL 32256		
2. Principal Place of Business 11362 San Jose Boulevard		3. Mailing Address 11362 San Jose Boulevard			
Suite, Apt. #, etc. Suite #19		Suite, Apt. #, etc. Suite 19		01262006 Chg-P CR2E034 (11/05)	
City & State Jacksonville, FL		City & State Jacksonville Florida		4. FEI Number 20-3664890	
Zip 32223		Country FL		Applied For Not Applicable	
Zip 32223		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, JOHN 11362 SAN JOSE BOULEVARD JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name <u>John Brooks</u> Street Address (P.O. Box Number is Not Acceptable) 11362 San Jose Boulevard Suite #19 City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32223</u>		
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 <u>[Signature]</u> DATE <u>1/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, JOHN 11362 SAN JOSE BOULEVARD JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Brooks 11362 San Jose Boulevard Suite 19 Jacksonville, Florida 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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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. <u>[Signature]</u> 1-15-06 904-421-3759					