2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000023954

1. Entity Name
BOB BROOKS INDEPENDENT AUTO INSURANCE OF BLANDING, INC.

Principal Place of Business	Mailing Address
5309 BLANDING BLVD JACKSONVILLE, FL 32210	5309 BLANDING BLVD JACKSONVILLE, FL 32210

54020141

DO NOT WRITE IN THIS SPACE

03102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3192316	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, ROBERT M
326 WESLEY RD
GREEN COVE SPRINGS, FL 32043

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2004 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	BROOKS, ROBERT M	
STREET ADDRESS	326 WESLEY ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____   3-11-4   904 778 3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #