

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000013407

1. Entity Name  
BROOKS BAIT & TACKLE, INC.



Principal Place of Business  
6910 HWY 22  
PANAMA CITY, FL 32401

Mailing Address  
6910 HWY 22  
PANAMA CITY, FL 32401

FILED  
04 FEB 19 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3228336

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, KYLE K  
6910 HWY 22  
PANAMA CITY, FL 32401

**DO NOT WRITE  
IN THIS SPACE**

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

*Kyle K. Brooks* *Kyle K. Brooks*

*1/16/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BROOKS, KYLE K  
2305 E 34TH PL  
PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
BROOKS, LEE O  
6235 TRAM RD  
PANAMA CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000007050  
01/20/04-80007-020 150.00

**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:

*Kyle K. Brooks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #