

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000022778

1. Entity Name
BROOKS HAULING AND DELIVERY, INC.



FILED

08 SEP 15 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2740 WORTH AVE
ENGLEWOOD, FL 34224

Mailing Address
POB 101
PLACIDA, FL 33946



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09112008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0501876

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMOND, CHANCE
2495 10 ST
ENGLEWOOD, FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

9/10/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME NOEL, JULIE L
STREET ADDRESS 331 TARPON ST., BOX 903
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE ☒ Change ☐ Addition
NAME 10033 Stonecrop Ave
STREET ADDRESS Englewood, FL 34224
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BROOKS, ARTHUR Z
STREET ADDRESS 2425 11TH ST
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE ☐ Change ☐ Addition
NAME 800136161748
STREET ADDRESS 09/19/08--01049--025 **150.00
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HAMMOND, CHANCE
STREET ADDRESS 2495 10TH ST.
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE ☒ Change ☐ Addition
NAME 10033 Stonecrop Ave
STREET ADDRESS Englewood, FL 34224
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/08
Date

9416628542
Daytime Phone #