2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-23-2005 90079 046 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 14 PM 4:36

DOCUMENT # P95000030531

1. Entity Name
DONALD L. BROOKS, P.A.

Principal Place of Business
1201 U.S. HWY 1
SUITE 415
N PALM BEACH FL 33408

Mailing Address
1201 U.S. HWY 1
SUITE 415
N PALM BEACH FL 33408

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
725 N. Highway A1A		725 N. Highway A1A	
Suite, Apt. #, etc.: Suite E-109		Suite, Apt. #, etc.: Suite E-109	
City & State: Jupiter, FL 33477		City & State: Jupiter, FL	
Zip: 33477	Country: USA	Zip: 33477	Country: USA

4. FEI Number 65-0583595 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, DONALD L
1201 U.S. HWY 1
SUITE 415
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name: BROOKS, DONALD L.
Street Address (P.O. Box Number is Not Acceptable): 725 N. Highway A1A
Suite E-109
City: Jupiter FL Zip Code: 33477

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	☐ Delete	TITLE	PTSD	☐ Change ☐ Addition
NAME	BROOKS, DONALD L		NAME	BROOKS, DONALD L.	
STREET ADDRESS	1201 U.S. HWY 1 SUITE 415		STREET ADDRESS	725 N. Hwy. A1A, Suite E-109	
CITY-ST-ZIP	N PALM BEACH FL 33408		CITY-ST-ZIP	Jupiter, FL 33477	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 02/15/05 561-745-0547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #