


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000050641**  
 1. Entity Name  
**DEERBROOK, INC.**



Principal Place of Business      Mailing Address  
**4061 BONITA BEACH ROAD SUITE 203**      **P O BOX 366127**  
**BONITA SPRINGS, FL 34134 US**      **BONITA SPGS, FL 34136-127 US**

**DO NOT WRITE IN THIS SPACE**



01132004      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>65-0675316</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GARLICK, THOMAS B**  
**5551 RIDGEWOOD DRIVE**  
**SUITE 101**  
**NAPLES, FL 34108**

**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 \_\_\_\_\_ 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, 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	C RUBINTON, JON 2002 4TH STREET SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DUCHARME, DUANE 7401 BAY COLONY DR NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOODING, JOHN 4361 LORRAINE AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WEIR, AIDAN 6930 SANDALWOOD LANE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/20/04-80045-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without being so empowered.

**SIGNATURE:** \_\_\_\_\_ **01/14/04** **239 498-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #