

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90021 022 ***150.00

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1. Entity Name
DEERBROOK, INC.



Principal Place of Business
**4061 BONITA BEACH ROAD SUITE 203
BONITA SPRINGS, FL 34134 US**

Mailing Address
**P O BOX 366127
BONITA SPGS, FL 34136-127 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0675316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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 _____
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, 2005 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**

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, or all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN M. GOODING / PRESIDENT

01/05/05 (239) 498-4500
Date Daytime Phone #