

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059356

FILED
Jan 04, 2007
Secretary of State

Entity Name: BROOKER & BROOKER SILLS & TILE, INC.

Current Principal Place of Business:

P O BOX 15090
5016 N GRADY
TAMPA, FL 33684

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15090
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3400812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKER, RAYMOND A
5016 N GRADY AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BROOKER, DAVID M
Address: 307 1/2 N HESPERIDES ST
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: BROOKER, CLAUDIA
Address: PO BOX 15090
City-St-Zip: TAMPA, FL 33684

Title: PS () Delete
Name: BROOKER, CAROLYN
Address: PO BOX 15090
City-St-Zip: TAMPA, FL 33684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BROOKER, DAVID M
Address: 307 1/2 N HESPERIDES ST
City-St-Zip: TAMPA, FL 33609 US

Title: T (X) Change () Addition
Name: BROOKER, CLAUDIA A
Address: PO BOX 15090
City-St-Zip: TAMPA, FL 33684 US

Title: PS (X) Change () Addition
Name: BROOKER, CAROLYN R
Address: 3416 PICWOOD ROAD
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN BROOKER

P

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date