

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90045 037 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # P97000052432                 |  |
| 1. Entity Name<br>BROOKMONT CORPORATION |   |

|   |   |
|---|---|
| Principal Place of Business<br>4967 WATER OAK LANE<br>JACKSONVILLE, FL 32210-8151 | Mailing Address<br>4967 WATER OAK LANE<br>JACKSONVILLE, FL 32210-8151 |
|---|---|

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03162008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>59-3499475                               | Applied For<br><input type="checkbox"/> 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

BENTON, JERRY S.  
 4967 WATER OAK LANE  
 JACKSONVILLE, FL 32210

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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, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVT.<br>BENTON, JERRY S<br>4967 WATER OAK LANE<br>JACKSONVILLE, FL 32210 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D.<br>BENTON, JOHN M<br>4962 WATER OAK LANE<br>JACKSONVILLE, FL 32210    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: Jerry S. Benton Date: April 16, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904-388-1073  
Daytime Phone #