2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000061659

1. Entity Name

BROOKWOOD CORPORATION

Principal Place of Business	Mailing Address
2426 CLAY MARK LN DELAND FL 32724	2426 CLAY MARK LN DELAND FL 32724

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3481199 ☐ Applied For ☐ Not Applicat

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYERS, SHERWOOD F 2426 CLAY MARK LN DELAND FL 32724	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 accep the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MYERS, SHERWOOD 2426 CLAY MARK LN DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000000479842 04/10/06-80019-012 150.00	☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MYERS, BRANT 10124 CARRINGTON CT. ORLANDO FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MYERS, CHRISTOPHER 191 FL CAPITON DRIVE ISLAMORADA FL 33036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sherwood Myers SHERWOOD MYERS. PRESIDENT JAN 16, 2006 386-734-709