2004 FOR PROFIT CORPORATION

me & Speak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 01, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P97000083732 1. Entity Name 03-01-2004 90049 004 ***150.00 BROOKS PETROLEUM CO. OF FLORIDA, INC. Mailing Address Principal Place of Business 8801 W. TERRY ST. 8801 W. TERRY ST. 94022497 **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 65-0784577 Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROOKS, STEVE L Street Address (P.O. Box Number is Not Acceptable) 8801 WEST TERRY STR **BONITA SPRINGS, FL 34135** City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change Addition 177. 5 TITLE BROOKS, STEVE L NAME NAME STREET ADDRESS 211 BAYFRONT DRIVE STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CUY-ST-ZIP ____ Change - Addition TITLE ☐ Delete TITLE BROOKS, STEVE S NAME STREET ADDRESS 211 BAYFRONT DRIVE STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34134** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS Control of Physics CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 145 CITY-ST-ZIP 坚重压力可靠力。 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, with all other like empowered.

FILED

239 949-9196

Daytime Phone #