


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90018 041 \*\*\*158.75

<b>DOCUMENT # P97000095847</b>	
1. Entity Name <b>Longbrook Corporation</b>	

Principal Place of Business <b>31 GREENWOOD AVE LEHIGH ACRES, FL 33936 US</b>	Mailing Address <b>31 GREENWOOD AVE LEHIGH ACRES, FL 33936 US</b>
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**40019500**



2. Principal Place of Business <b>9430 Wheeler Road</b>	3. Mailing Address <b>P.O. Box 1476</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

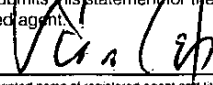
City & State <b>La Belle</b>	City & State <b>Lehigh Acres</b>
Zip <b>33975</b>	Zip <b>33970-1476</b>
Country <b>FL</b>	Country <b>FL</b>

4. FEI Number <b>65-0794778</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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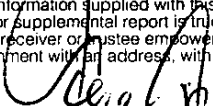
6. Name and Address of Current Registered Agent <b>MUMMERT, BERNHARD 31 GREENWOOD AVE LEHIGH ACRES, FL 33936</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State Zip Code

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 accept the obligations of registered agent.	
SIGNATURE 	DATE <b>1-6-2005</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST LANGENBACH, KLAUS 517 COLUMBUS AVE LEHIGH ACRES, FL 33936</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST LANGENBACH, KLAUS P.O. BOX 1476, LEHIGH, FL 33970-1476</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MUMMERT, BERNHARD 31 GREENWOOD AVE LEHIGH ACRES, FL 33936</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE:  <b>LANGENBACH</b>	Date <b>1-6-2005</b> Daytime Phone # <b>238-368-2301</b>