2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000064883

1. Entity Name

BROOKS STREET LANDING, INC.



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

Principal Place of Business
165 -C BROOKS ST SF.

Mailing Address

165 -C BROOKS ST SE. 165 -C FT. WALTON BCH, FL 32548 FT. WAL

165 -C BROOKS ST SE, FT. WALTON BCH, FL 32548



DO NOT WRITE IN THIS SPACE

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied Far	
59-3562599	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Regulad	

6. Name and Address of Current Registered Agent

MYERS, SUSAN S 165-C BROOKS STREET SE FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

		}			
	named entity aubmits this statement for the prions of registered agent.	urpose of changing its registere	d affice or r	egistered agent, or be	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.				<u> </u>	
	Signature, typed or practed name of regulated agent and trial of	spylcable. (NOTE: flegistered	Agent agneture	मान्यक्रिक्ट स्थान स्थानक्रिक्ट स्थानक्ष्म स्थानक्ष्मिक्ट स्थानक्ष्मिक्ट स्थानक्षिक्ट स्थानक्ष्मिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्ष्मिक्ट स्थानक्ष्मिक्ट स्थानक्ष्मिक्ट स्थानक्ष्मिक्ट स्थानक्ष्मिक्ट स्थानक्ष्मिक्ट स्थानक्ष्मिक्ट स्यानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्ट स्थानक्षिक्	DATE
	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	 Election Campaign Finan- Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	03/07/06-30072-004 150.00
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE HAME STREET ADDRESS CITY-ST-ZIP	PVSD MYERS, SUSAN S 165-C BROOKS STREET SE FT. WALTON BCH, FL 32548				
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TUTLE NAME STREET ADDRESS CHY-ST-ZIP				•	
TITLE NAME STREET ADDRESS COLY-ST-ZIP					

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 em 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: SWOON 5. My President 2/20 86 850-664-5666