

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000094755

1. Entity Name
BROOKSIDE SQUARE GENERAL PARTNER, INC.



Principal Place of Business
11300 4TH ST. N.
ST. PETERSBURG, FL 33716-2940

Mailing Address
11300 4TH ST. N.
STE 200
ST. PETERSBURG, FL 33716-2940



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3543260** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 4TH ST. N.
ST. PETERSBURG, FL 33716-2940

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHADWICK, HARRY R JR. 11300 4TH ST. N. ST. PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHADWICK, LAUREL J 11300 4TH ST. N. ST. PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CHADWICK, JAMES M 11300 4TH ST. N. ST. PETERSBURG, FL 337162940
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02/13/04-80050-016 150.00

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IN THIS SPACE**

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/14/04 727-578-1174
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____