

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90009 048 \*\*\*150.00

**DOCUMENT # P98000107998**

1. Entity Name  
**OAKS MOTEL OF BROOKSVILLE, INC.**



Principal Place of Business  
**630 S. BROAD ST.  
BROOKSVILLE, FL 34601**

Mailing Address  
**921 LAUREL RD.  
NORTH PALM BEACH, FL 33408 US**

**44010753**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3554580**

Applied For

No! Applicable

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

**TWYFORD, SUE A  
921 LAUREL ROAD  
NORTH PALM BEACH, FL 33408**

Name **Virginia Male**

Street Address (P.O. Box Number is Not Acceptable)

**630 So. BROAD STREET**

City **BROOKSVILLE**

**FL**

Zip Code **34601**

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 **Virginia Male**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**2/3/04**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **MARSHALL, MARIA MALE**  
STREET ADDRESS **1201 GARDEN ST.**  
CITY-ST-ZIP **FORT WAYNE, IN 46802**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
NAME **MALE, NORA J**  
STREET ADDRESS **2491 S.E. WHITEHORSE STREET**  
CITY-ST-ZIP **PT. ST. LUCIE, FL 34984**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MALE, ALAN T**  
STREET ADDRESS **630 SO. BROAD STREET**  
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MALE, CONNIE L**  
STREET ADDRESS **9217 OUTRIGGER ROAD #1822**  
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE ☒ Change ☐ Addition  
NAME **D MALE, CONNIE L**  
STREET ADDRESS **630 So. BROAD STREET**  
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Alan Male**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/04**