

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90184 002 *****8.75
02-10-2005 90184 001 ***150.00

DOCUMENT # P99000005719

1. Entity Name
BROOKS, BERGEN & MCCOY, INC.



Principal Place of Business
3145-S AV. N.
SAINT PETERSBURG, FL 33713

Mailing Address
3145-S AV. N.
SAINT PETERSBURG, FL 33713

2. Principal Place of Business
3145-5 AV, N

3. Mailing Address
3145-5 AV N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL

02082005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3553288

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

Zip
33713

Country

Zip
33713

Country
PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVEN E. BERGEN
3145-S AV. N.
ST. PETERSBURG, FL 33713

Name

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

3145-5 AV N

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PD ☐ Delete
NAME BERGEN, STEVEN E
STREET ADDRESS 3145-5 AVE. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

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

TITLE VPS ☐ Delete
NAME MCCOY, JOSEPH L
STREET ADDRESS 3145-S AV. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3145-5 AV. N.
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME MCCOY, JOSEPH L
STREET ADDRESS 3145-5 AV. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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: JOSEPH L MCCOY, V.P. 2/8/05 727-521-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #