## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # S76636

1. Entity Name BROOKS MOBILE HOME PARK, INC.

Mailing Address

2035 REYNOLDS ROAD LAKELAND, FL 33801 US

Principal Place of Business

107 PALENCIA ROAD AUBURNDALE, FL 33823

## FILED Mar 01, 2005 08:00 AM Secretary of State



02182005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3078318

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, MARGARET 107 PALENCIA DRIVE AUBURNDALE, FL 33823

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AUBURNDALE, FL 33023			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signatur	o required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000247201 03/01/05-80012-021 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, MARGARET 107 PALENCIA ROAD AUBURNDALE, FL 33823					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, THOMAS 1112 TIMBERGREEN DR LAKELAND, FL 33809					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, JOHN 1420 N. LAKE BONNY DRIVE LAKELAND, FL 33801			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, RONALD 3201 CYPRESS TRAILS DRIVE POLK CITY, FL 33868			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this fi	ing does not qualify for the exen	nption state	d in Section 119.07(3)(	(i), Florida Statutes. I further certify that the information	

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: Margaret H. Gray-MargareT	H. Gray	2-20	05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	,	Date	Daytime Phone #