


2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # S76636 1. Entity Name BROOKS MOBILE HOME PARK, INC.	
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Principal Place of Business 2035 REYNOLDS ROAD LAKELAND, FL 33801 US	Mailing Address 107 PALENCIA ROAD AUBURNDAL, FL 33823
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01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3078318	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAY, MARGARET 107 PALENCIA DRIVE AUBURNDAL, FL 33823
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**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, 2007 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	PD GRAY, MARGARET 107 PALENCIA ROAD AUBURNDAL, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, RONALD 3201 CYPRESS TRAILS DRIVE POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/07-80082-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 03, 07 863-967-3258
Date Daytime Phone #