

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000134967

**Entity Name:** MARK A BROOKS, INC.

**Current Principal Place of Business:**

1614 MCKENZIE ROAD  
SOUTHPORT, FL 32409

**Current Mailing Address:**

P O BOX 553  
LYNN HAVEN, FL 32444

**FEI Number:** 26-1647971

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BROOKS, MARK A  
4114 KIRKPATRICK ROAD  
SOUTHPORT, FL 32409 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P,D  
Name BROOKS, MARK A  
Address 4114 KIRKPATRICK ROAD  
City-State-Zip: SOUTHPORT FL 32409

Title TSD  
Name BROOKS, CATHERINE B  
Address 4114 KIRKPATRICK ROAD  
City-State-Zip: SOUTHPORT FL 32409

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A. BROOKS

P,D PRESIDENT

05/18/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date