2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT #336613** 1. Entity Name 03-31-2008 90033 009 ***158.75 I.F. ROOKS & ASSOCIATES INC. Mailing Address Principal Place of Business 106 NW DRANE ST 106 NW DRANE ST PLANT CITY, FL 33563 PLANT CITY, FL 33563 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-1262871 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROOKS, ISAAC F JR. Street Address (P.O. Box Number is Not Acceptable) 12206 BASS OAK CT RIVERVIEW, FL 33569 City 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: Projectered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSD TITLE ☐ Change TITLE Delete ROOKS, ISAAC F JR NAME NAME zip code 33569 STREET ADDRESS 12206 BASS OAK CT STREET ADDRESS CITY-ST-7IP CITY-ST-7IP RIVERVIEW, FL VTD ☐ Change TITLE ☐ Delete TITLE Addition ROOKS, EDWARD M NAME NAME zip code 33569 12208 BASS OAK COURT STREET ADDRESS STREET ADDRESS RIVERVIEW, FL CITY-ST-ZIP CITY-ST-ZIP TITLE - EGA T ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE-TITLE Change — Addition Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Detete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 31, 2008 8:00 am