2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F46747

1. Entity Name
CROOKER'S PLANT MASTER, INC.

Principal Place of Business	Mailing Address
4005 HOGSHEAD RD PLYMOUTH, FL 32768 US	PO BOX 193 PLYMOUTH, FL 32768 US

01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2136747
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C. JAMES CROOKER
32816 SCENIC HILLS DRIVE
MOUNT DORA, FL 32757

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000415151
02/11/06-80068-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINCAVAGE, DEE
STREET ADDRESS	4005 HOGSHEAD RD.
CITY-ST-ZIP	PLYMOUTH, FL
TITLE	T
NAME	CROOKER, JAMES C.
STREET ADDRESS	32816 SCENIC HILL DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	S
NAME	CROOKER, SHAULA E
STREET ADDRESS	32816 SCENIC HILLS DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/27/06 407-886-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #