2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# F46747

Entity Name: CROOKER'S PLANT MASTER, INC.

Current Principal Place of Business:

4005 HOGSHEAD RD
PLYMOUTH, FL 32768 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 193
PLYMOUTH, FL 32768 US

New Mailing Address:

FEI Number: 59-2136747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEE ANN SINCAVAGE
4005 HOGSHEAD ROAD
PLYMOUTH, FL 32768 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: C. JAMES CROOKER 01/08/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SINCAVAGE, DEE
Address: 4005 HOGSHEAD RD.
City-St-Zip: PLYMOUTH, FL

Title: T ( ) Delete
Name: CROOKER, JAMES C.
Address: 32816 SCENIC HILL DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete
Name: CROOKER, SHAULA E
Address: 32816 SCENIC HILLS DRIVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SINCAVAGE, DEE A
Address: 4005 HOGSHEAD RD.
City-St-Zip: PLYMOUTH, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEE SINCAVAGE PD 01/08/2007
Electronic Signature of Signing Officer or Director Date