3/8/04 4:32 PM 1/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # H51455

1. Entity Name
THE GIFTED COOK, INC.

Principal Place of Business	Mailing Address
C/O GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD VERO BEACH, FL 32963-1745	C/O GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD VERO BEACH, FL 32963-1745

DO NOT WRITE IN THIS SPACE

03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2584621
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, GEORGE G., JR.
756 BEACHLAND BLVD
VERO BEACH, FL 32960

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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, 2004 Fee will be $550.00

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

U00000099593
03/31/04-80012-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	SCHOONOVER, GEORGE F.
STREET ADDRESS	230 CLARKSON LANE
CITY-ST-ZIP	INDIAN RIVER SHRS, FL
TITLE	DP
NAME	SCHOONOVER, BETTE H.
STREET ADDRESS	230 CLARKSON LANE
CITY-ST-ZIP	INDIAN RIVER SHRS, FL
TITLE	DS
NAME	SCHOONOVER, POLLY
STREET ADDRESS	780 TIMBER RIDGE TRAIL
CITY-ST-ZIP	VERO BEACH, FL 32962
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 exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE: P.H. Schoonover Polly H. Schoonover 3-10-04 231-6115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #