

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51455

Entity Name: THE GIFTED COOK, INC.

FILED  
Mar 20, 2008  
Secretary of State

## Current Principal Place of Business:

C/O GEORGE G. COLLINS, JR.  
756 BEACHLAND BLVD  
VERO BEACH, FL 329631745

## New Principal Place of Business:

## Current Mailing Address:

C/O GEORGE G. COLLINS, JR.  
756 BEACHLAND BLVD  
VERO BEACH, FL 329631745

## New Mailing Address:

FEI Number: 59-2584621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVT ( ) Delete  
Name: SCHOONOVER, GEORGE F. .  
Address: 230 CLARKSON LANE  
City-St-Zip: INDIAN RIVER SHRS, FL 32963

Title: DP ( ) Delete  
Name: SCHOONOVER, BETTE H.,  
Address: 230 CLARKSON LANE  
City-St-Zip: INDIAN RIVER SHRS, FL 32963

Title: DS ( ) Delete  
Name: SCHOONOVER, POLLY  
Address: 780 TIMBER RIDGE TRAIL  
City-St-Zip: VERO BEACH, FL 32962

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: POLLY SCHOONOVER

DS

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date