## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51455

Address: City-St-Zip:

VERO BEACH, FL 32962

Entity Name: THE GIFTED COOK, INC.

FILED Feb 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O GEORGE G. COLLINS, JR. 3231 OCEAN DRIVE PATIO 756 BEACHLAND BLVD VERO BEACH, FL 32963 VERO BEACH, FL 329631745 **New Mailing Address: Current Mailing Address:** C/O GEORGE G. COLLINS, JR. 3231 OCEAN DRIVE PATIO 756 BEACHLAND BLVD VERO BEACH, FL 32963 VERO BEACH, FL 329631745 FEI Number: 59-2584621 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, GEORGE G., JR. COLLINS, GEORGE G., JR. 756 BEACHLAND BLVD 756 BEACHLAND BLVĎ VERO BEACH, FL 32960 US VERO BEACH, FL 32963 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: 02/09/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHOONOVER, GEORGE F, . Name: Name: 230 CLARKSON LANE Address: Address: City-St-Zip: INDIAN RIVER SHRS, FL 32963 City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: SCHOONOVER, BETTE H., Name: 230 CLARKSON LANE Address: Address: INDIAN RIVER SHRS, FL 32963 City-St-Zip: City-St-Zip: Title: Title: DS ( ) Delete () Change () Addition SCHOONOVER, POLLY Name: Name: 780 TIMBER RIDGE TRAIL Address:

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.

City-St-Zip:

SIGNATURE: POLLY SCHOONOVER 02/09/2009 DS