2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M71894

1. Entity Name BOOTH & COOK, P.A.

Principal Place of Business

% STEPHEN C. BOOTH 7510 RIDGE RD. PORT RICHEY, FL 34668 Mailing Address

% STEPHEN C. BOOTH 7510 RIDGE RD. PORT RICHEY, FL 34668

FILED Mar 21, 2007 08:00 AM Secretary of State



CD2E034 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE

objector, its ong .	,	
4. FEI Number		Applied For
59-2897260		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

BOOTH, STEPHEN C. 7510 RIDGE RD. PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	ourpose of changing its registere	d office or	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and fille	if applicable (NOTE, Registered	Agent signatur	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOTH, STEPHEN C. 9230 HILLTOP DR. NEW PORT RICHEY, FL				
NAME STREET ADDRESS CITY-ST-ZIP	STD COOK, J. HARRIS 6301 CONNIEWOOD SQUARE NEW PORT RICHEY, FL				U00000674770
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	03/29/07-80082-020 150.0 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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 giner tiple empowered.

SIGNATURE:

CITY-ST-ZIP

USE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

03-16-2007

Date

727-842-9105

Daytime Phone #