2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # M71894 1. Entity Name BOOTH & COOK, P.A. Principal Place of Business Mailing Address % STEPHEN C. BOOTH % STEPHEN C. BOOTH 7510 RIDGE RD. PORT RICHEY FL 34668 7510 RIDGE RD. PORT RICHEY FL 34668 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2897260 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ·7. Name and Address of New Registered Agent Name BOOTH, STEPHEN C. Street Address (P.O. Box Number is Not Acceptable) 7510 RIDGE RD. PORT RICHEY FL 34668 City Zip Code 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 Signature, typed or printed hand of registered agent and title if applicable. (NOTE: Registered Agent a gnature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME BOOTH, STEPHEN C. NAME STREET ADDRESS 9230 HILLTOP DR. STREET ADDRESS City-St-Zi2 NEW PORT RICHEY FL CITY-ST-ZIP ☐ Change TITLE STD ☐ Delete TITLE Addition NAME COOK, J. HARRIS NAME U00000836027 03/03/08-80002-012 150.00 STREET ADDRESS 6301 CONNIEWOOD SQUARE STREFT ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate 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 effect his 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. 727–842–9105

FILED

Stephen C. Booth, Pres/Owner/Director 02-20-08 SIGNATURE:

raddress, with all other like