

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000025890**

1. Entity Name  
**THE COOKIE NOOK, INC.**



Principal Place of Business

851 SE 6TH AVE  
110  
DELRAY BEACH, FL 33483

Mailing Address

851 SE 6TH AVE  
110  
DELRAY BEACH, FL 33483

**DO NOT WRITE IN THIS SPACE**



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1095357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCRAE, MITCHELL T ESQ.  
THE ADDISON  
6274 LINTON BLVD., SUITE 100  
DELRAY BEACH, FL 33484

**DO NOT WRITE  
IN THIS SPACE**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FOSMIRE, MICHELE
STREET ADDRESS	1120 HOMEWOOD BLVD., G-102
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VPSD
NAME	FOSMIRE, CHRISTOPHER R
STREET ADDRESS	110 N.W. 70TH STREET, #103
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000303783  
04/14/05-80015-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**

*Christopher R. Fosmire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05  
Date

561-715-9230  
Daytime Phone #