

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040365

Entity Name: LYLES COOK, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

17237 CHATEAU PINE WAY
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

17237 CHATEAU PINE WAY
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 74-3039556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALHOON, WILLIAM G
17237 CHATEAU PINE WAY
CLERMONT, FL 34711 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: D () Delete
Name: CALHOON, WILLIAM G
Address: 17237 CHATEAU PINE WAY
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: CALHOON, PAULA L
Address: 17237 CHATEAU PINE WAY
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ALDERSON, THOMAS P
Address: 3988 BAYOUWOOD
City-St-Zip: LAKE CHARLES, LA 70605

Title: D () Delete
Name: ALDERSON, DORIS C
Address: 3988 BAYOUWOOD
City-St-Zip: LAKE CHARLES, LA 70605

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:

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: WILLIAM G. CALHOON

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date