## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 23, 2006 08:00 AM DOCUMENT # P03000134223 Secretary of State 1. Entity Name COOK'S CHRISTMAS TREE CO., INC. Principal Place of Business Mailing Address 667 OAKWOOD DR. 667 OAKWOOD DR. DUNEDIN, FL 34698 DUNEDIN, FL 34698 03212006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 98-0383403 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COOK, SCOTT DO NOT WRITE 667 OAKWOOD DR. DUNEDIN, FL 34698 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 access 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) CATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees <del>400000479</del>133 10. OFFICERS AND DIRECTORS 04/08/06-80032-021 150.00 $\tau m \epsilon$ COOK, SCOTT NAME STREET ADDRESS 667 OAKWOOD DR. CITY-ST-ZIP DUNEDIN, FL 34698 **VPTD** TITLE NAME COOK, LINDA 667 DAKWOOD DR. STREET ADDRESS CHY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZP

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

Scott Cook 3/23/06 (902)533-2235
ER OR DIRECTOR Dale Dayline Phone #