



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90018 029 ***150.00

DOCUMENT # P03000134223 1. Entity Name COOK'S CHRISTMAS TREE CO., INC.					
Principal Place of Business 667 OAKWOOD DR. DUNEDIN, FL 34698			Mailing Address 667 OAKWOOD DR. DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box # 920 Knollwood Dr		3. Mailing Address 920 Knollwood Dr			
Suite, Apt. #, etc. DUNEDIN		Suite, Apt. #, etc. DUNEDIN		03132007 Chg-P CR2E034 (12/06)	
City & State FL		City & State FL		4. FEI Number 98-0383403	
Zip 34698		Zip 34698		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, SCOTT 667 OAKWOOD DR. DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Scott Cook</i></u> DATE <u>Mar 13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COOK, SCOTT 667 OAKWOOD DR. DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Knollwood Dr. DUNEDIN FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COOK, LINDA 667 OAKWOOD DR. DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Knollwood Dr. DUNEDIN FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Scott Cook</i></u> SCOTT COOK DATE <u>Mar 13/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					