2007 FOR PROFIT CORPORATION

ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State 05-02-2007 90075 012 ***150.00 DOCUMENT # P04000052217 1. Entity Name COOKS LOGGING CO. INC Principal Place of Business Mailing Address 40099565 764 NE ROCKY SPRINGS CHURCH ROAD 764 NE ROCKY SPRINGS CHURCH ROAD MADISON, FL 32340 MADISON, FL 32340 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0934588 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOKS, ANGELA Street Address (P.O. Box Number is Not Acceptable) 764 NE ROCKY SPRINGS CHURCH ROAD MADISON, FL 32340 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete ☐ Addition THE ☐ Change COOKS, GARY J NAME NAME 764 NE ROCKY SPRINGS CHURCH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MADISON, FL 32340 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COOKS, ANGELA NAME NAME STREET ADDRESS 764 NE ROCKY SPRINGS CHURCH ROAD STREET ADDRESS CITY-ST-ZIP MADISON, FL 32340 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition COOKS, ANGELA NAME NAME 764 NE ROCKY SPRINGS CHURCH ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP MADISON, FL 32340 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change TRUE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

(DO)(D)

FILED