

2007 **FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90007 026 \*\*\*150.00

DOCUMENT # P05000087983

1. Entity Name

The Hook Shop, Inc.



**DO NOT WRITE IN THIS SPACE**

40027351

2. Principal Place of Business  
18324 103rd Trail South

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State  
Boca Raton, FL

City & State

4. FEI Number  
51-0547730

Applied For  
Not Applicable

Zip  
33498

Country  
Plm Bch.Co.

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Henry Dean, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

251 N.E. Dixie Blvd.

City  
Delray Beach, FL Zip Code  
33444

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Michael Henry  
18324 103rd Trail South  
Boca Raton, FL 33498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Winsome E. Henry  
18324 103rd Trail South  
Boca Raton, FL 33498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.21.2007

561.843.4342