

2008

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90196 010 ***150.00

DOCUMENT # P05000087983

1. Entity Name

The Hook Shop, Inc.



DO NOT WRITE IN THIS SPACE

60036328

2. Principal Place of Business

18324 103rd Trail South

3. Mailing Address

18324 103rd Trail South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State
Boca Raton, FLCity & State
Boca Raton, FL

4. EEI Number

51-0547730

Applied For

Not Applicable

Zip
33498Country
Palm Bch.Co.Zip
33498Country
Palm Bch.Co.5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Winsome E. Henry

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

18324 103rd Trail South

City

Boca Raton

FL

Zip Code

33498

**DO NOT WRITE
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 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

4.14.08

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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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 #

4.14.08