## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P06000006206 1. Entity Name 04-20-2007 90088 027 \*\*\*150.00 COFFEE CREEK LIVESTOCK, INC. Principal Place of Business Mailing Address 7414 COMMERCE STREET P.O. BOX 6758 RIVERVIEW FL 33569 **BRANDON FL 33508** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Coffee Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 204124 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COOK, CARLIE R 7414 COMMERCE STREET Stroet Address (P.O. Box Number is Not Acceptable) **RIVERVIEW FL 33569** City Zip Code 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 signalure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MUE ☐ Delete THE ☐ Change Addition COOK, CARLIE R. NAME NAMI 7414 COMMERCE ST. STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-7IP CITY ST-ZIP VP ITHE THE Delete Change Addition CLARK, JESSICA C NAMI 7414 COMMERCE STREET STREET ADDRESS STREET ADORESS RIVERVIEW FL 33569 CHY-ST-7/P CITY - S1 - ZIE TREA JITLE ☐ Delete ☐ Change ■ Addition COOK, BLANCA S NAMI NAMI 7414 COMMERCE STREET STREET LADORESS STRUCT ADDRESS CHY-ST-ZIE RIVERVIEW FL 33569 CHY-ST ZIP TITLE ☐ Delele THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Defete DITLE шь ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CHY-SI-7IP HHE DILL ☐ Delete ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP

FILED

Blanca S. Cook 4-12-07 903-488-2052

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.