


FILED  
Mar 31, 2008 8:00 am  
Secretary of State

03-12-2008 90033 019 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

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DOCUMENT # P07000006382			
1. Entity Name COOKIE CUTTER PALMS, INC			
Principal Place of Business 1357 MATTIE STREET ST AUGUSTINE, FL 32084		Mailing Address 1357 MATTIE STREET ST AUGUSTINE, FL 32084	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1357 MATTIE ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. AUGUSTINE FL	
Zip	Country	Zip	Country
32084		ST. AUGUSTINE	FL
4. EEI Number 20-8228656		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, ROBERT E IV 1357 MATTIE STREET ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name COOK, ROBERT E IV Street Address (P.O. Box Number is Not Acceptable) 1357 MATTIE ST City ST AUGUSTINE FL Zip Code 32084	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P COOK, ROBERT E IV 1357 MATTIE STREET ST AUGUSTINE, FL 32084 <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	VP OSBURN, MIKE 1349 MATTIE STREET ST AUGUSTINE, FL 32084 <input checked="" 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	VP BERARD, JEFF 5531 ATLANTIC VIEW ST AUGUSTINE, FL 32080 <input checked="" 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	S COOK, ANNE 1357 MATTIE ST ST AUGUSTINE, FL 32084 <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
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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT 3/26/08 904 808 8523 <small>Date Daytime Phone #</small>	