


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90244 047 \*\*\*150.00

**DOCUMENT # P07000021895**

1. Entity Name  
**CHOO-CHOO TRAINS, INC.**



Principal Place of Business      Mailing Address  
**6258 SUNNYBROOK BLVD**      **6258 SUNNYBROOK BLVD**  
**ENGLEWOOD FL 34224**      **ENGLEWOOD FL 34224**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3527-A TAMiami TRAIL**      Suite, Apt. #, etc.

City & State      City & State  
**PORT CHARLOTTE . FLORIDA**      Suite, Apt. #, etc.

Zip      Country      Zip      Country  
**33952**      **U.S.A**

1st MOORE      CR2E034 (10/07)

4. FE# Number      Applied For  
**20-8476108**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HART, GENE**  
**6258 SUNNYBROOK BLVD**  
**ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HART, GENE<br>6258 SUNNYBROOK BLVD<br>ENGLEWOOD FL 34224<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HART, MONA<br>6258 SUNNYBROOK BLVD<br>ENGLEWOOD FL 34224<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>HART, WADE<br>6258 SUNNYBROOK BLVD<br>ENGLEWOOD FL 34224<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 or without other like empowered.

**SIGNATURE:**  **GENE HART**      **4.15.08**      **941.627.0916**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #