## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 12, 2008 8:00 am Secretary of State **DOCUMENT # P07000061265** 05-12-2008 90030 032 \*\*\*150.00 JAMES HOOKS SERVICES, INC. Principal Place of Business Mailing Address 112 SHANNON ROAD SARASOTA FL 34240 112 SHANNON ROAD SARASOTA FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FE! Number Not Applicable Zip Country 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 Name HOOKS, JAMES H III Street Address (P.O. Box Number is Not Acceptable) 112 SHÁNNON ROAD SARASOTA FL 34240 City Zip Code 8. The above named entity submits this statement for the purpose of ng 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 JAMES H. HOOKS III Signature, typed or printed transit of registered regent and the differ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Derete TITLE Change ☐ Addition NAME HOOKS, JAMES H III STREET ADDRESS 112 SHANNON ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP III: E ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOP ☐ Delete Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ППЕ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 any signature shall have the same legal effect as if made under oath; that I arm an officer or director of the corporation or the receiver or trusteer inpowered 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 appropriate proposered.

SIGNATURE:

**FILED** 

4/21/08 (941)356-3162