

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 045 ***158.75

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1. Entity Name

G. P. HOOK ENTERPRISE, INC.

Principal Place of Business

11321 TORREY PINES DR.
RIVERVIEW FL 33569
US

Mailing Address

11321 TORREY PINES DR
RIVERVIEW FL 33569
US



2. Principal Place of Business

9850 S. 301 Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3177
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Riverview, FL

City & State

Riverview FL

4. FEI Number

65-0672668

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

33568

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOK, GARY
11321 TORREY PINES DR
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

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

9850 S. 301 Hwy

City

Riverview

FL

Zip Code

33569

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

R. Gary Hook President

R. GARY HOOK President

2-28-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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

TITLE D ☐ Delete
NAME HOOK, R G
STREET ADDRESS 11321 TORREY PINES DR
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ Delete
NAME HOOK, PAULA J
STREET ADDRESS 11321 TORREY PINES DR
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME HOOK, R.G.
STREET ADDRESS P.O. BOX 3177
CITY-ST-ZIP Riverview FL 33568

TITLE D ☒ Change ☐ Addition
NAME HOOK, Paula J.
STREET ADDRESS P.O. BOX 3177
CITY-ST-ZIP Riverview, FL 33568

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *R. Gary Hook* R. GARY HOOK

President

2-28-06

813-957-2809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #