


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 335493 1. Entity Name T.E. COOK AND ASSOCIATES, INC.	
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Principal Place of Business 2412 NORTH 9TH AVENUE PENSACOLA, FL 32503	Mailing Address 2412 NORTH 9TH AVENUE PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOK, THOMAS E. 2412 NORTH 9TH AVENUE PENSACOLA, FL 32503	DO NOT WRITE IN THIS SPACE
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I, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000051485 02/16/04-80052-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, THOMAS E. 2412 N. 9TH AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOK, CAROL ANN 2412 N. 9TH AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Thomas E. Cook</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>02-11-04</i> <small>Date</small>	<i>850-438-4446</i> <small>Daytime Phone #</small>
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