

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 407248

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: J. KINSON COOK, INCORPORATED

**Current Principal Place of Business:**

2252 KILLEARN CENTER BLVD  
SUITE 2A  
TALLAHASSEE, FL 323093577 US

**New Principal Place of Business:**

**Current Mailing Address:**

2252 KILLEARN CENTER BLVD  
SUITE 2A  
TALLAHASSEE, FL 323093577 US

**New Mailing Address:**

FEI Number: 59-1425616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BARRETT, DAVID A  
111 SOUTH MONROE STREET, SUITE 3000  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: COOK, DIANA D  
Address: 2252 KILLEARN CENTER STE 2A  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP ( ) Delete  
Name: COOK, DIANA D  
Address: 2252 KILLEARN CENTER BLVD. STE. 2A  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP ( ) Delete  
Name: COOK, KINSON J JR  
Address: 4869 LAKE PARK DR.  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. KINSON COOK, JR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DVP

02/25/2009

\_\_\_\_\_ Date