2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2004 08:00 AM Secretary of State **DOCUMENT # 477708** 1. Entity Name RAY COOKE ENTERPRISES, INC. Mailing Address Principal Place of Business PO BOX 64 3100 SE WAALER ST STUART, FL 34995 STUART, FL 34997 US CR2E034 (10/03) No Chg-P 01202004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1622199 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE BERROCAL, CARLOS PA 801 MAPLEWOOD DR SUITE 22A JUPITER, FL 33458 IN THIS SPACE \$. 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. DATE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent argusture required when remarking) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PTDS TITLE NAME KEIL, DAVID 3100 SE WAALER ST STREET ADDRESS U00000012098 CITY-ST-ZIP STUART, FL 34997 01/23/04-80065-002 150.00 TITLE BAKER, JAMES NAME 1754 SW 32ND TERRACE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE **TITLE** NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of 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:

CITY-ST-ZIP

SHARTHER AND THEFT ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January

215+ 2004

772-260-532

Daytime Phone

FILED