

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 477708

1. Entity Name
RAY COOKE ENTERPRISES, INC.



FILED

04 NOV 18 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3100 SE WAALER ST
STUART, FL 34997 US 3100 SE Waaler St.
Stuart, FL 34997



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

11082004 Chg-P CR2E034 (10/03)

City & State City & State
Zip Country Zip Country

4. FEI Number 59-1622199 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERROCAL, CARLOS PA
801 MAPLEWOOD DR SUITE 22A
JUPITER, FL 33458

Name SOPKO, JAMES, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
853 S.E. MONTEREY COMMONS BLVD.
City STUART FL Zip Code 34996

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 *James Sopko* JAMES SOPKO, ESQ. 11-16-04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTDS ☒ Delete
NAME KEIL, DAVID
STREET ADDRESS 3100 SE WAALER ST
CITY-ST-ZIP STUART, FL 34997

TITLE P/S/T/D ☐ Change ☒ Addition
NAME LAMB, STUART M., JR.
STREET ADDRESS 3100 S.E. WAALER ST.
CITY-ST-ZIP STUART, FL 34997

TITLE S ☐ Delete
NAME BAKER, JAMES
STREET ADDRESS 1754 SW 32ND TERRACE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE V ☒ Change ☐ Addition
NAME BAKER, JAMES
STREET ADDRESS 1754 S.W. 32ND TERRACE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

Stuart M. Lamb, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

He Han 04 772-781-4300
Date Daytime Phone #