FILED 2006 FOR PROFIT CORPORATION -Feb 03, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # 559854** 1. Entity Name BERNIE COOK AND ASSOCIATES, P.A. Principal Place of Business Mailing Address 206 LAKE HARRIS DR 206 LAKE HARRIS DR LAKELAND, FL 33813 LAKELAND, FL 33813 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1790181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNARD M. COOK DO NOT WRITE 206 LAKE HARRIS DR LAKELAND, FL 33813 IN THIS SPACE 5. 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 1 am lamillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and ittle if applicable (NOTE, Registered Agent signature required when revisitating) DATE UQQQQQ416778 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 02/13/**06-80029-0**07 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE COOK, BERNARD M NAME 6602 BROKEN ARROW TRAIL STREET ADDRESS CCTY-ST-ZIP LAKELAND, FL TITLE NAME STREET ADDRESS CITY-S1-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$7-21P me NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplementations of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trastee 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 effortyped.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

IGNATURE AND TYPED OR PRINT DHAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

863-648-0123