2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Sep 02, 2008 8:00 am Secretary of State DOCUMENT #F16780 09-02-2008 90032 035 ***550 00 COOK/SARASOTA MOVING SYSTEMS, INC. Principal Place of Business Mailing Address COOK MOVING SYTEMS INC. 4505 30TH ST W BRADENTON, FL 34207 1728 SENECA ST. BUFFALO, NY 14210 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. AVR Suite, Apt. #, etc. 07072008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State Buffalo 59-2061901 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired \Box 14206 **US** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLAND, DENNIS Street Address (P.O. Box Number is Not Acceptable) 5105 W CLIFTON ST **TAMPA, FL 33634** Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept 8. The above the obligatio 28 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$550.00 Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE FIERLE, GREGORY R NAME NAME STREET ADDRESS 4639 WINDING WOODS STREET ADDRESS CITY-ST-ZIP HAMBURG, NY 14075 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition CONLEY, JOSEPH H NAME NAME 259 WASHINGTON HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SNYDER, NY 14226 City-St-ZiP ☐ Delete ☐ Change Addition TITLE THUE REAGAN, BARBARA NAME NAME 3011 CLOVERBANK RD #80 STREET ADDRESS STREET ADDRESS HAMBURG, NY 14075 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE FIERLE, DEBRA NAME NAME STREET ADDRESS STREET ADDRESS 4639 WINDING WOODS CITY-ST-ZIP HAMBURG, NY 14075 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition HOLLAND, DENNIS NAME NAME 2075 ATTACHE CT STREET ADDRESS STREET ADDRESS CLEARWATER, FL 34624 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 alidess, with all other like empowered.

FILED

Daytime Phone #