

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90032 035 \*\*\*550.00



<b>DOCUMENT # F16780</b>			
1. Entity Name <b>COOK/SARASOTA MOVING SYSTEMS, INC.</b>			
Principal Place of Business <b>4505 30TH ST W BRADENTON, FL 34207</b>		Mailing Address <b>COOK MOVING SYTEMS INC. 1728 SENECA ST. BUFFALO, NY 14210 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>885 Bailey Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Buffalo NY</b>	
Zip	Country	Zip	Country
		<b>14206</b>	<b>US</b>
4. FEI Number <b>59-2061901</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>HOLLAND, DENNIS 5105 W CLIFTON ST TAMPA, FL 33634</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 obligation of registered agent.			
SIGNATURE:		DATE: <b>7/17/08</b>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIERLE, GREGORY R</b>	NAME	
STREET ADDRESS	<b>4639 WINDING WOODS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HAMBURG, NY 14075</b>	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONLEY, JOSEPH H</b>	NAME	
STREET ADDRESS	<b>259 WASHINGTON HWY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SNYDER, NY 14226</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REAGAN, BARBARA</b>	NAME	
STREET ADDRESS	<b>3011 CLOVERBANK RD #80</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HAMBURG, NY 14075</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIERLE, DEBRA</b>	NAME	
STREET ADDRESS	<b>4639 WINDING WOODS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HAMBURG, NY 14075</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, DENNIS</b>	NAME	
STREET ADDRESS	<b>2075 ATTACHE CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 34624</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby 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 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:		Date: <b>8/28/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	