## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # G15968 1. Entity Name 04-27-2005 90342 032 \*\*\*150.00 A.B. COOK JR. SEAFOOD, INC. Principal Place of Business Mailing Address 1523 HIGHLAND ST. 1523 HIGHLAND ST P.O. BOX 16146 20048819 P O BOX 146 FERNANDINA BCH. FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-2239385 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, III, A B Street Address (P.O. Box Number is Not Acceptable) 1523 HIGHLAND ST. FERNANDINA BEACH FL 32034 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PTD Delete TITLE Addition Change AlfRed BCOOK THE COOK, III, A B NAME NAME p.o. 100 1614 6 1523 HIGHLAND STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP FERNANDINA BEACH FL 32034 CITY-ST-ZIP FERMANNA BOACH F / 32035 ☐ Delete TITLE TITLE Change ☐ Addition NAME COOK, PATRICIA E NAME STREET ADDRESS 1523 HIGHLAND STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change 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 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 Alized BCOOK

**FILED** 

Davtime Phone #