## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 13, 2005 8:00 am Secretary of State DOCUMENT # G92450 1. Entity Name 04-13-2005 90026 007 \*\*\*150.00 COOK, COOK AND COOK, INC. Principal Place of Business Mailing Address ₹4<del>24 N: FEDERAL HW</del>Y. 2424 N. FEDERAL-HWY. SUITE #405 BOCA RATON FL 33431 SUITE ##05 BOCA RATON FL 33431 2. Principal Place of Business Mailing Address 150 E. PAlmetto YACK RO 150 E. PALMETTO PACK RQ 1st MOORE CR2E034 (10/04) Duite Suits City & State Applied For City & State 4. FEI Number 62-1203577 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u> 3343a</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, JAMES R. Street Address (P.O. Box Number is Alot Acceptable) 2424 N. FEDERAL HIGHWAY SUITE #405 BOCA RATON FL 33431 Zip Code 33 43 a 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE name of recisions being 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change Addition TITLE Delete TITLE COOK, JAMES R. NAME 4060 IBIS POINT CRCL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME COOK, KAY K. STREET ADDRESS 4060 IBIS POINT CRCL. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition OLIVER, KRISTEN C NAME NAME STREET ADDRESS 4060 IBIS POINT CRCL. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**