


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90045 007 \*\*\*150.00

<b>DOCUMENT # J20135</b> 1. Entity Name <b>JAMES R. COOK AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>2424 N. FEDERAL HWY #405 BOCA RATON FL 33431 US</b>			Mailing Address <b>2424 N. FEDERAL HWY. STE. 405 BOCA RATON FL 33431 US</b>		
2. Principal Place of Business <b>150 E. Palmetto Park Rd Suite, Apt. #, etc. #700</b>		3. Mailing Address <b>150 E. Palmetto Park Rd Suite, Apt. #, etc. #700</b>			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>		4. FEI Number <b>59-2684636</b>	
Zip <b>33432</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COOK, JAMES R. 2424 N. FEDERAL HWY STE. 405 BOCA RATON FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>150 E. Palmetto Park Rd #700</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>	
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 <u><i>James R. Cook</i></u> <span style="float: right;">3-10-05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOK, JAMES R. <del>2424 N. FEDERAL HWY., STE., 405-</del> BOCA RATON FL 33431+ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 E. Palmetto Park Rd #700</b> <b>Boca Raton FL 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTWRIGHT, KELLY M <del>2424 N. FEDERAL HWY., #405</del> BOCA RATON FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 E. Palmetto Park Rd #700</b> <b>Boca Raton FL 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, JAMES R <del>2424 N. FEDERAL HWY., #405</del> BOCA RATON FL 33431+ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 E. Palmetto Park Rd #700</b> <b>Boca Raton FL 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>James R. Cook</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-10-05 <span style="float: right;">500 00330</span> <small>Date Daytime Phone #</small>		