


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # J88336	
1. Entity Name COOKS POWER EQUIPMENT DISTRIBUTORS, INC.	

Principal Place of Business 395 ENTERPRISE STREET OCOE, FL 34761	Mailing Address 395 ENTERPRISE STREET OCOE, FL 34761
--	--

DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2852767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOK, KENNETH W
395 W. ENTERPRISE STREET
OCOE, FL 34761

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, KENNETH W. 395 W. ENTERPRISE STREET OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, MARY F. 395 W. ENTERPRISE STREET OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, LYDIA G. 395 W. ENTERPRISE STREET OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000692479
04/16/07-80001-019 150.00

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: *Lydia G. Cook* *Lydia G. Cook* 4-3-07 407-877-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #