

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 022 ***150.00

DOCUMENT # K82993

1. Entity Name

GARY E. COOK INSURANCE SERVICES, INC.



Principal Place of Business

6383 TENTH AVE., NORTH, SUITE F
LAKE WORTH FL 33463

Mailing Address

1656 GRANTHAM DR
WELLINGTON FL 33414-8959

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0122532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CATCHUSIFYOUCAN INC.
10121 BIRD ROAD
MIAMI FL 33165

7. Name and Address of New Registered Agent

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

★ FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, GARY E.	
STREET ADDRESS	6383 10TH AVE., NO, STE F	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, MARY ANN	
STREET ADDRESS	1656 GRANTHAM DR	
CITY-ST-ZIP	WELLINGTON FL 33414-8959	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Gary E. Cook* Gary E. Cook

FEB 2, 2004 (561) 965-3511

GARY E. COOK INSURANCE SERVICES, INC.

Division of Corporations

Corporation Annual Report

3/2/2004

2016
150.00

Northern Trust - Operating 65-0122532/K82993


GARY E. COOK INSURANCE SERVICES, INC.
Division of Corporations

Corporation Annual Report

3/2/2004

2016
150.00

Northern Trust - Operating 65-0122532/K82993

 DELUXE BUSINESS FORMS 1-800-328-0304 www.deluxeforms.com

Attachment

44048209
K82993

Attachment

44048209
#K82993

July 8, 2004

Gary E. Cook Insurance Services, Inc.
6383 10th Avenue North
Suite F
Lake Worth, FL 33463

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

Sirs:

The original signed copy of this report was mailed, along with check number 2016 in the amount of \$150.00, on about March 2, 2004.

Since the above referenced check has not cleared our account and since the Division of Corporations does not show receipt of the check or the report, we are under the assumption that this has been lost in the mail and have issued a stop payment on that check.

Please find enclosed a copy of the original report as well as replacement check number 2092. Please apply without a penalty.

If you should have any further questions, please do not hesitate to call (561)622-2550.

Sincerely,



Sandra Petrunger
Operations Manager