2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90032 018 ***150.00

DOCUMENT # K92998

1. Entity Name
COW SLOUGH, INC.

Principal Place of Business	Mailing Address
1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852	1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852

03162004 Chg-P CR2E034 (10/03)

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 59-2952218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMOAK, MASON G
1025 COUNTY ROAD 17 NORTH
LAKE PLACID, FL 33852

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 _____ DATE
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMOAK, EDWARD L JR.		NAME		
STREET ADDRESS	1025 COUNTY ROAD 17 NO		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMOAK, JOHN F III		NAME		
STREET ADDRESS	1025 COUNTY ROAD 17 N		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMOAK, MASON G		NAME		
STREET ADDRESS	1025 COUNTY RD 17 NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EURES, LEIGH S.		NAME		
STREET ADDRESS	1025 COUNTY RD. 17 N.		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMOAK, PHILIP L		NAME		
STREET ADDRESS	1025 COUNTY RD 17 N.		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	AVP	☐ Delete	TITLE	AVPD	☒ Change ☐ Addition
NAME	SMOAK, SAMANTHA L		NAME		
STREET ADDRESS	6995 ST 66		STREET ADDRESS	1025 County Road 17 North	
CITY-ST-ZIP	ZOLFO SPRINGS, FL		CITY-ST-ZIP	Lake Placid, Florida 33852	

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: _____ Mason G. Smoak 3/31/04 863-465-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #