
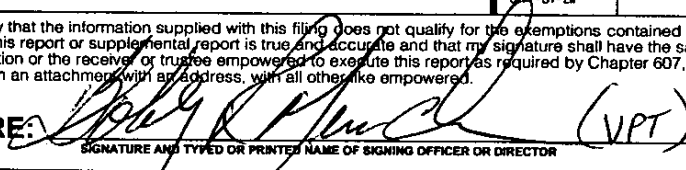


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90072 003 ***150.00

DOCUMENT # L70012			
1. Entity Name GENE COOK REAL ESTATE INVESTMENTS, INC.			
Principal Place of Business 4432 FLORIDATOWN ROAD PACE, FL 32571		Mailing Address 4432 FLORIDATOWN ROAD PACE, FL 32571	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2347 RISEN DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CANTONMENT, FL	
Zip	Country	Zip 32533	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOK, WILLIAM E. 4432 FLORIDATOWN ROAD PACE, FL 32571		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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WILLIAM E.	NAME	
STREET ADDRESS	4432 FLORIDATOWN RD	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL	CITY-ST-ZIP	PACE, FL 32571
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINCHEW, BOBBY	NAME	BOBBY Minchew
STREET ADDRESS	2547 RISEN DRIVE	STREET ADDRESS	2347 RISEN DRIVE
CITY-ST-ZIP	CANT, FL	CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 3/14/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 850-435-2983	