2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 All Secretary of State

ANNUAL REPORT					Secretary of St			
1. Entity Nam	MENT # L70012 OOK REAL ESTATE INVESTME		į	,	Secretary of	1 3		
•	DATOWN ROAD 2	ailing Address 2347 RISEN DRIVE ANTONMENT, FL 32533	Too Barrier		1888 ABIN BB101 (1918 1118	#1012 11211 61012 F1012 #1012 1101201 (1	102)	
C	OO NOT WRITE II	N THIS SPA	CE	03122008 4. FEI Numbe 59-301	No Chg-P	CR2E034 (11/05) Applied Not App \$8.75 Additional Fee Required	For	
	6. Name and Address of Current Regis	tered Agent		!				
COOK, WILLIAM E. 4432 FLORIDATOWN ROAD PACE, FL 32571			,		NOT W			
	e named entity submits this statement for the tions of registered agent. Signature, typed or profiled name of registered agent and title		ed office or registe Agent signature require		th, in the State of Flo	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		i.00 May Be ded to Fees		-80029-013 150.	<u>.</u> QÜ	
10.	OFFICERS AND DIRE	CTORS			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, WILLIAM E. 4432 FLORIDATOWN RD PACE, FL 32571							
ITTLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MINCHEW, BOBBY 2347 RISEN DRIVE CANTONMENT, FL 32533				•			
TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE				DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE			-					

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 eath; 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: 1/6

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-08 8505726775