


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L93654</b>	
<b>1. Entity Name</b> COOKWORTH CORPORATION	

<b>Principal Place of Business</b> 704 NO WOODLAND BLVD DELAND FL 32720 US	<b>Mailing Address</b> PO BOX 1506 DELAND FL 32721-1506 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  COOK, LAWRENCE 315 BLUE LAKE TERRACE DELAND FL 32724
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<b>4. FEI Number</b> 59-3023959	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	COOK, LAWRENCE
STREET ADDRESS	315 BLUE LAKE TERRACE
CITY - ST - ZIP	DELAND FL
TITLE	PD <input type="checkbox"/> Delete
NAME	COOK, WILLA
STREET ADDRESS	5258 HWY 11
CITY - ST - ZIP	DELEON SPRINGS FL 32130
TITLE	D <input type="checkbox"/> Delete
NAME	WORTHINGTON, JO ANN
STREET ADDRESS	PO BOX 1506 N/A
CITY - ST - ZIP	DELAND FL
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	U000000262501
CITY - ST - ZIP	03/14/05-80057-020 150.00
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	
STREET ADDRESS	
CITY - ST - ZIP	
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	
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**

<b>SIGNATURE:</b>  <b>LAWRENCE COOK</b>	<b>3/10/05</b>	<b>386 734-6319</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #