

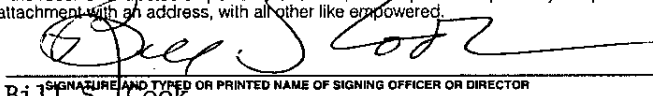


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90029 044 \*\*\*150.00

<b>DOCUMENT # L94956</b> 1. Entity Name <b>PETERS, COOK &amp; COMPANY</b>					
Principal Place of Business <b>1401 A1A</b> <b>VERO BEACH, FL 32963 US</b>			Mailing Address <b>1401 A1A</b> <b>VERO BEACH, FL 32963 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3001 Ocean Drive</b>  Suite, Apt. #, etc.			
City & State  City: <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>		4. FEI Number <b>65-0215900</b>	
Zip <b>32963</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CALDWELL, WILLIAM W.</b> <b>756 BEACHLAND BLVD.</b> <b>VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, BILL S</b> <b>1401 A1A</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Frederick C. Peters II</b> <b>316 Eugenia Road</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>  Bill S. Cook			4/14/04 Date		772-231-5885 Daytime Phone #