

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000007552

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** CONNIE CHILES-COOKE CONSULTING, INC.

**Current Principal Place of Business:**

4099 ORION WAY  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 410293  
MELBOURNE, FL 329410293

**New Mailing Address:**

4099 ORION WAY  
ROCKLEDGE, FL 32955

**FEI Number:** 59-3622409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, LYNNE R  
386 DAYTON BLVD  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CHILES-COOKE, CONNIE  
**Address:** 4099 ORION WAY  
**City-St-Zip:** ROCKLEDGE, FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CONNIE CHILES-COOKE

D

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date