

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000083315

1. Entity Name
COW CREEK CO.



Principal Place of Business
**RT. 6, BOX 750
OKEECHOBEE, FL 34974**

Mailing Address
**RT. 6, BOX 750
OKEECHOBEE, FL 34974**



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1040109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNS, WILLIE
RT. 6, BOX 750
OKEECHOBEE, FL 34974**

**DO NOT WRITE
IN THIS SPACE**

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 _____ **1/20/04**
Signature typed or printed name of registered agent and LLC, if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNS, WILLIE
STREET ADDRESS	RT. 6, BOX 750
CITY - ST - ZIP	OKEECHOBEE, FL 34974
TITLE	VD
NAME	JOHNS, ALEX
STREET ADDRESS	RT. 6, BOX 750
CITY - ST - ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**1000000011698
01/23/04-80048-007 150.00**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE **Willie Johns** **1/20/04** **863-634-6402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #