

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000083315

1. Entity Name
COW CREEK CO.



Principal Place of Business
**1025 BILLY JOE'S WAY
OKEECHOBEE, FL 34974**

Mailing Address
**1025 BILLY JOE'S WAY
OKEECHOBEE, FL 34974**



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNS, WILLIE
1025 BILLY JOE'S WAY
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

110000083315

04/21/08-80025-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNS, WILLIE
STREET ADDRESS	1025 BILLY JOE'S WAY
CITY-ST-ZIP	OKEECHOBEE, FL 34974

TITLE	VD
NAME	JOHNS, ALEX
STREET ADDRESS	1215 S. TUCKER RIDGE RD
CITY-ST-ZIP	OKEECHOBEE, FL 34974

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08 *863-634-6402*
Date Daytime Phone #