


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000028525	
1. Entity Name ANN COOKE-MANNING CO.	

Principal Place of Business 3830 DAIRY RD MELBOURNE, FL 32904	Mailing Address P O BOX 500378 MALABAR, FL 32950
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DO NOT WRITE IN THIS SPACE



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-7195259	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOKE, JEFFREY 1265 COREY RD MALABAR, FL 32950

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>7-20-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, L DAVID 707 WOODLAND BLVD WILKESBORO, NC 28697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, WENDY 2100 WOOD ST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE-FLINN, KAREN 2399 COLLINS AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINSEL, DIANE 1119 ASHLEY AVE SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOKE, JEFFREY 1265 COREY RD MALABAR, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/25/05-80008-019 558.75

**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)(f), 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.	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-05 321-729-4046

Date Daytime Phone #