

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90019 014 ***150.00

DOCUMENT # P01000097433

1. Entity Name
COOK CONSTRUCTION COMPANY



Principal Place of Business
**2677 WYNIDSOR OAKS PL
WINTER HAVEN, FL 33884**

Mailing Address
**PO BOX 1269
WINTER HAVEN, FL 33882**

50000637



2. Principal Place of Business

2677 Wyndisor Oaks Pl.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
77-0023396

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, WILLIAM V
2677 WYNIDSOR OAKS PL
WINTER HAVEN, FL 33884**

Name

Street Address (P.O. Box Number is Not Acceptable)

2677 Wyndisor Oaks Pl

City

FL

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

1-4-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **COOK, WILLIAM V**
CITY - ST - ZIP **2677 WYNIDSOR OAKS PL
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition
NAME **2677 Wyndisor Oaks Pl**
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **COOK, SANDRA L**
CITY - ST - ZIP **2677 WYNIDSOR OAKS PL
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition
NAME **2677 Wyndisor Oaks Pl**
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-05

Date

863-581-4510

Daytime Phone #