

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000022754

1. Entity Name
THE COOK AND I, INC.



Principal Place of Business

**101 PALM AVENUE
ISLAMORADA, FL 33036**

Mailing Address

**P.O. BOX 1625
ISLAMORADA, FL 330.3-6**

2. Principal Place of Business

620 TENNIS CLUB DRIVE

3. Mailing Address

620 TENNIS CLUB DRIVE

Suite, Apt. #, etc.

#109

Suite, Apt. #, etc.

#109

City & State

FORT LAUDERDALE FL.

City & State

FORT LAUDERDALE FLORIDA

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.

03182003

Chg-P

CR2E034 (10/03)

4. FEI Number

14-1872744

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWANTON, JANET
101 PALM AVENUE
ISLAMORADA, FL 33036**

7. Name and Address of New Registered Agent

Name
PATRICIA HELEN COOK

Street Address (P.O. Box Number is Not Acceptable)
620 TENNIS CLUB DRIVE

#109

City
FORT LAUDERDALE

FL

Zip Code

33311

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 **PATRICIA HELEN COOK**

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

Patricia H. Cook

(NOTE: Registered Agent signature required when reinstating)

5-24-04

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **COOK, PATRICIA**
STREET ADDRESS **129 S. HAMMOCK ROAD**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **STD** ☒ Delete

NAME **SWANTON, JANET**
STREET ADDRESS **127 SEASHORE DRIVE**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

**300037801183
06/09/04--01043--017 **70.00**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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: *Patricia H. Cook*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-04

Date

(954) 463-3520

Daytime Phone #