2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 10, 2004 8:00 am Secretary of State

DOCUMENT # P03000125943 1. Erdity Name COOK & SON, INC.				08-09-2004 90003 046			46 ***150.00	
Principal Place of Business Mailing Address P.O. 80X 522 P.O. 80X 522					CC.	122201		
CAPTIVA, FL 33924 CAPTIVA, FL 33924			}		יסס	133384	0 2 0 0 1 1 0	J
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2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07072004	Chg-P	CR2E034 (10/03)	•
City & State		City & State	City & State		4. FEI Numi	7722311	l 	oplied For
Ζiρ	ip Country Zip		Coun	ntry	5. Certificate of Status Desired \$8.75 Additional			
6. Name and Address of Current Registered Agent		<u> </u>		Certificate of Status Desired				
20014 51			Name Name					
	JDOLPH F		Street Address (P.O. Box Number is Not Acceptable)					
SUITE 102 FT MYERS, FL 33908								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			City				I o	
8. The shows named online submits this statement for the number of shapeing its				1 '	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 recovered	1 spent and title if applicable (1)	MTE: Benisters					
.3)3 £1-7. Signature, typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE OATE								
FILE NOWIII FEE IS \$150.00 9. Election Campaign Due by September 8, 2004 Trust Fund Contrib					\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation dld not receive the prior notice.			F.S., the notice.
10. OFFICERS AND DIRECTORS					ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE Name	COOK, RUDOLPH F			E E	☐ Change ☐ Addition			Addition
STREET ADDRESS CITY-ST-ZIP	P.O. BÖX 522		STRE	ET ADDRESS				
tms	ST Dates			-ST-ZIP		<u> </u>		
NAME	COOK, SHAUN D		TITLE	l l	☐ Change ☐ Additi			☐ Addition
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 522 CAPTIVA, FL 33924			ET ADDRESS -ST-ZIP				ľ
TITLE	Deigle			-31-21	☐ Change ☐ Addition			
NAME STREET ADDRESS	A marks of the		- " NAME	E -	-	•	- To comite	- — virgini
CITY-ST-ZIP	1 1 1	S	•	ET ADORESS - ST-ZIP				
TITLE		☐ Delete	TITLE	. , , , , , , , , , , , , , , , , , , ,			Сталов	Addition
NAME STREET ADDRESS	'		NAM STRE	E Et adoress				_
CITY-ST-ZIP				-ST-71P	•			
TITLE	<u>;</u>	☐ Delete	īms	i i			☐ Change	Addition
- STREET ADDRESS	nyaru gapi. Mananananana yanan		NAME STREE	ET ADDRESS				
CITY-ST-ZIP	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		сту-	-ST-ZIP				
TITLE '		☐ Delete	TITLE	l. - ,			☐ Change	Addition
_STREET ADDRESS CITY-ST-ZIP	Andreas Andreas		STRE	ET ADDRESS	•%		•	
12. I hereby o	ertify that the information supplier	with this filing does not mustible	for the ever	ST-ZIP Continue to Se	otion 110 07/01	//\ Dorido Statuta		
of the con	poration or the receiver or trustee	amnoward to ever to this was	u my aignai	ture shall have the street by Chapter 607	same legal effe . Florida Statish	ty, riorida Statutes. I Ot as if made under o BS: and that my name	urmer certify that the in ath; that I am an officer appears in Block 10 or	or director
of the corporation of the receiver of 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: 8/2/2004 (239) 472-9137								