


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 30, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000125943</b> 1. Entity Name <b>COOK &amp; SON, INC.</b>	
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06272005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0323111</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COOK, RUDOLPH F  
11555 MARSHWOOD LANE  
SUITE 102  
FT MYERS, FL 33908**

**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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, RUDOLPH F P.O. BOX 522 CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, SHAUN D P.O. BOX 522 CAPTIVA, FL 33924
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000000369859  
06/30/05-80001-003 150.00

**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 another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jun 05

Date

2394729137

Daytime Phone #