2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 8:00 am Secretary of State DOCUMENT # P03000156405 01-10-2007 90043 050 ***150.00 FRED C. COOK BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address ----2710 PINELLAS POINT DRIVE SOUTH 2710 PINELLAS POINT DRIVE SOUTH ST. PETERSBURG,, FL 33712 US ST. PETERSBURG,, FL 33712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-0523252 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, FRED C Street Address (P.O. Box Number is Not Acceptable) 2710 PINELLAS POINT DRIVE SOUTH ST. PETERSBURG, FL 33712 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Channe ☐ Addition COOK, FRED C NAME NAME 2710 PINELLAS POINT DRIVE SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33712 CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOK, ALWIDA Alwildz NAME NAME 2710 PINELLAS PT DR S STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33712 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVIGING PROPER

DAVIGING PRO

FILED