

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90343 001 ***150.00

DOCUMENT # P04000029187

1. Entity Name

COOKS & COOPER FUNERAL HOME, INC.



Principal Place of Business

701 THIRD STREET
MADISON FL 32340

Mailing Address

PO BOX 1000
MADISON FL 32340



2. Principal Place of Business

162 SW Third Ave

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Madison FL

City & State

4. FEI Number

59-3060414

Applied For

Not Applicable

Zip

32340

Country

Madison

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

COOKS, RAYNE J
~~701 THIRD STREET~~
MADISON FL 32340

162 SW Third Ave

Name

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

162 SW Third Ave

City

Madison

FL

Zip Code

32340

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

Rayne J Cooks

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COOKS, RAYNE
STREET ADDRESS ~~701 THIRD STREET~~ 162 SW Third Ave
CITY-ST-ZIP MADISON FL 32340

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME COOKS, RAYNE
STREET ADDRESS 162 SW Third Ave
CITY-ST-ZIP Madison, FL 32340

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Rayne J Cooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 850-973-6666