

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000123431

1. Entity Name
COOKE LAND DEVELOPMENT, INC.



Principal Place of Business
41660 LITTLE FARM ROAD
PUNTA GORDA, FL 33982

Mailing Address
P.O. BOX 4399
N. FORT MYERS, FL 33918



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2184961

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COOKE, TERRY J
41660 LITTLE FARM ROAD
PUNTA GORDA, FL 33982

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

U00000925756
05/20/08-80039-011 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME COOKE, TERRY J
STREET ADDRESS 41660 LITTLE FARM ROAD
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE V
NAME COOKE, NAIDA H
STREET ADDRESS 41660 LITTLE FARM ROAD
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4/25/08 239-567-1089