

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000082051

1. Entity Name  
BILL COOKE, C.P.A. AND ASSOCIATES, P.A.



Principal Place of Business  
4517 WOODBINE ROAD  
PACE, FL 32571

Mailing Address  
4517 WOODBINE ROAD  
PACE, FL 32571



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1707673

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COOKE, BILL G  
4680 CHUMUCKLA HWY  
PACE, FL 32571

**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 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

UG00000839256  
03/06/08-80001-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOKE, BILL G
STREET ADDRESS	4680 CHUMUCKLA HWY
CITY-ST-ZIP	PACE, FL 32571
TITLE	ST
NAME	DEVINE, CINDY
STREET ADDRESS	5303 WILLARD NORRIS RD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: *Cindy T Devine* CINDY T DEVINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08 (850) 995-3370

Date

Daytime Phone #