

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90012 025 ***150.00

DOCUMENT # P93000039221

1. Entity Name

LAW OFFICES JOHN R. COOK P.A.



Principal Place of Business

1120 S. PARROTT AVE.
OKEECHOBEE FL 34972

Mailing Address

4114 SW 16TH STREET
OKEECHOBEE FL 34974

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4114 SW 16th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34974

Country

Okeechobee

Zip

34974

Country

U.S.

4. FEI Number

65-0422152

Applied For

Not Applicable

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

COOK, JOHN R.
805 SW PARK ST
OKEECHOBEE FL 34972

Name

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

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME COOK, JOHN R
STREET ADDRESS 4114 SW 16TH STREET
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE VT ☐ Delete
NAME COOK, JAYNE M
STREET ADDRESS 4114 SW 16TH STREET
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

John R Cook

John R Cook

4/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #