


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                     |                                                                                                                                      |                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P94000006138</b><br>1. Entity Name<br><b>JILL COOK ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                     |                                                                                                                                      |                                             |  |
| Principal Place of Business<br><b>5233 THORDEN ROAD<br/>JACKSONVILLE FL 32207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                     | Mailing Address<br><b>5233 THORDEN ROAD<br/>JACKSONVILLE FL 32207</b>                                                                |                                                                                                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | 3. Mailing Address  |                                                                                                                                      |                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Suite, Apt. #, etc. |                                                                                                                                      |                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | City & State        |                                                                                                                                      | 4. FEI Number <b>59-3217356</b>                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Country             |                                                                                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COOK, JILL RICHARDS<br/>5233 THORDEN ROAD<br/>JACKSONVILLE FL 32207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                     |                                                                                                                                      |                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                     |                                                                                                                                      | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution <input type="checkbox"/> <b>Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>RICHARDS, JILL COOK<br>5233 THORDEN ROAD<br>JACKSONVILLE FL |                     | <input type="checkbox"/> Delete                                                                                                      |                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                 |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                 |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                 |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                 |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                 |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                                                              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                  |                     |                                                                                                                                      |                                                                                                                              |  |
| <b>SIGNATURE:</b> <i>Jill Cook Richards</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                     | Pres. <i>Jill Cook Richards</i>                                                                                                      |                                                                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                     | Date <b>2-18-05</b> Daytime Phone # <b>396-4060</b>                                                                                  |                                                                                                                              |  |



1st MOORE CR2E034 (10/04)

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, JILL RICHARDS  
5233 THORDEN ROAD  
JACKSONVILLE FL 32207

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, 2005 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**

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D  
RICHARDS, JILL COOK  
5233 THORDEN ROAD  
JACKSONVILLE FL

☐ Delete

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #