

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000009629

1. Entity Name
COOKE REAL ESTATE SCHOOL HEADQUARTERS, INC.



Principal Place of Business
4130 16TH STREET NORTH
ST. PETERSBURG, FL 33703 US

Mailing Address
4130 16TH STREET NORTH
ST. PETERSBURG, FL 33703 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3301497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOKE, FRANK L JR.
1 BEACH DR. S.E.
SUITE 1110
ST. PETERSBURG, FL 33701-3954

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOKE, FRANK L JR
STREET ADDRESS	1 BEACH DR. S.E., #1110
CITY-ST-ZIP	ST. PETERSBURG, FL 337013954
TITLE	D
NAME	COOKE, ELIZABETH C JR.
STREET ADDRESS	1 BEACH DR. S.E., #1110
CITY-ST-ZIP	ST. PETERSBURG, FL 337013954
TITLE	D
NAME	JENNINGS, MARK A
STREET ADDRESS	600 44 AVENUE NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80033-021 150.00

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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

1/9/06 727-522-6511
Date Daytime Phone #