

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000045510

1. Entity Name
COOKE LAND CLEARING, INC.



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

Mailing Address
P. O. BOX 4399
NORTH FT. MYERS, FL 33918-4399 US



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0758484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOKE, TERRY J
41660 LITTLE FARM ROAD
PUNTA GORDA, FL 33955

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	COOKE, NAIDA
STREET ADDRESS	41660 LITTLE FARM RD
CITY - ST - ZIP	PUNTA GORDA, FL 33982
TITLE	VP
NAME	ELMORE, WILLIAM
STREET ADDRESS	17761 WELLS RD
CITY - ST - ZIP	NORTH FT. MYERS, FL 33917
TITLE	DPT
NAME	COOKE, TERRY J
STREET ADDRESS	41660 LITTLE FARM RD
CITY - ST - ZIP	PUNTA GORDA, FL 33955
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000282681
03/31/05-80050-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/25/05 12398671089
Date Daytime Phone