2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000059085

1. Entity Name
COOK DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
6354 RAMBLER DR.	6354 RAMBLER DR.
PENSACOLA, FL 32505	PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE

04192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, BYRON M
6354 RAMBLER DR.
PENSACOLA, FL 32505

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, 2004 Fee will be $550.00

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

U00000124085
04/22/04-80031-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	COOK, BYRON M	
STREET ADDRESS	6354 RAMBLER DR.	
CITY-ST-ZIP	PENSACOLA, FL 32505	
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 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: _Byron M. Cook_ 4-20-04 850 474-0212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #