

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90049 021 ***150.00

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1. Entity Name

COOK CONSTRUCTION CO., INC. OF SOUTH FLORIDA



Principal Place of Business

4206 NATIONAL GUARD DRIVE
PLANT CITY FL 33576
US

Mailing Address

4206 NATIONAL GUARD DRIVE
PLANT CITY FL 33576
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0761379

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

COTON, DANIEL M
121 NORTH COLLINS STREET
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

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 (applicable)

(NOTE: Registered Agent signature requires watch registration)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, BEN D	
STREET ADDRESS	4206 NATIONAL GUARD DRIVE	
CITY - ST - ZIP	PLANT CITY FL 33567	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCLEOD, STEPHEN	
STREET ADDRESS	4622 WISTERIA DR	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIRARD, MARION	
STREET ADDRESS	5008 W TRAPHELL DR	
CITY - ST - ZIP	DOVER FL 33527	
TITLE	VP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Ben D	
STREET ADDRESS	4206 National Guard Dr.	
CITY - ST - ZIP	Plant City, FL 33563	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Stephen	
STREET ADDRESS	4622 Wisteria Dr.	
CITY - ST - ZIP	Zephyrhills, FL 33541	
TITLE	Vice President CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Girard, Marion	
STREET ADDRESS	5008 W. Trapnell Dr.	
CITY - ST - ZIP	Dover, FL 33527	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles R. Hayward	
STREET ADDRESS	34325 Smart Dr.	
CITY - ST - ZIP	Zephyrhills, FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07

813/719-1203