

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90026 040 \*\*\*150.00

**DOCUMENT # P97000083422**

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

40012000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip **33563**

Country

Zip

Country

4. FEI Number

65-0761379

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

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

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 state, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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          | C                         | <input type="checkbox"/> Delete |
| NAME           | COOK, BEN D               |                                 |
| STREET ADDRESS | 4206 NATIONAL GUARD DRIVE |                                 |
| CITY-STATE-ZIP | PLANT CITY FL 33567       |                                 |
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | MCLEOD, STEPHEN           |                                 |
| STREET ADDRESS | 4622 WISTERIA DR          |                                 |
| CITY-STATE-ZIP | ZEPHYRHILLS FL 33541      |                                 |
| TITLE          | VCFO                      | <input type="checkbox"/> Delete |
| NAME           | GIRARD, MARION            |                                 |
| STREET ADDRESS | 5008 W TRAPHELL RD        |                                 |
| CITY-STATE-ZIP | DOVER FL 33527            |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | HAYWARD, CHARLES R        |                                 |
| STREET ADDRESS | 34325 SMART DR            |                                 |
| CITY-STATE-ZIP | ZEPHYRHILLS FL 33541      |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-STATE-ZIP |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-STATE-ZIP |                           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-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 other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben D. Cook

1/23/2008

813/719-1203