


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000045926

1. Entity Name
COOK, INC.



Principal Place of Business
**12727 HWY 27 N BUILDING A
 DAVENPORT, FL 33837 US**

Mailing Address
**3121 E GRAND RIVER
 HOWELL, MI 48843 US**



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3514744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOYETTE, K W JR.
 BANKFIRST BUILDING - SECOND FLOOR
 1380 GRAND HIGHWAY
 CLERMONT, FL 34711**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000079233
 03/08/04-80058-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYETTE, K W JR. 1380 GRAND HIGHWAY CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSS, DANIEL P 3121 E GRAND RIVER HOWELL, MI 48843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, MARK A 1975 FOX RIDGE HOWELL, MI 48843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLET, EDWIN G 2072 FOX RIDGE HOWELL, MI 48843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSS, GARY R 3121 E GRAND RIVER HOWELL, MI 48843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSS, BRYAN L 3121 E GRAND RIVER HOWELL, MI 48843

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)(f), 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]* **2/13/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #