

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000034019**

1. Entity Name  
**THE TETON GROUP, INC.**



Principal Place of Business  
**1351 HOLMESDALE ROAD  
JACKSONVILLE, FL 32207 US**

Mailing Address  
**1351 HOLMESDALE ROAD  
JACKSONVILLE, FL 32207 US**



**DO NOT WRITE IN THIS SPACE**

08092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3573340**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COOK, B. ALAN  
2139 MANGO PLACE  
JACKSONVILLE, FL 32207**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000169828

08/10/04 80091-022 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COOK, B. ALAN
STREET ADDRESS	2139 MANGO PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	COOK, FAITH S
STREET ADDRESS	2139 MANGO PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	COOK, CHRISTOPHER S
STREET ADDRESS	2139 MANGO PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/04

Date

9045952593

Daytime Phone #