

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 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



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

2. FEE **59.3573340** **Applied Fee**
Not Applicable

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

3. Name and Address of Registered Agent

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

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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 renewing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

07/01/05-80002-015 550.00

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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

6/30/05

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