


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90128 050 \*\*\*150.00

<b>DOCUMENT # P99000070921</b>	
1. Entity Name THOMAS COOK GENERAL CONTRACTING, INC.	

Principal Place of Business 17431-1 ALICO CENTER RD FORT MYERS FL <del>33912</del> <b>33967</b>	Mailing Address 17431-1 ALICO CENTER RD SUITE 2 FORT MYERS FL <del>33912</del> <b>33967</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>17431-1 Alico Center Rd.</b> Suite, Apt. #, etc.
City & State <b>FT. MYERS, FL</b>	City & State <b>FT. MYERS, FL</b>
Zip <b>33967</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/07)

4. FEI Number <b>65-0940521</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KAYUSA, MICHAEL F</b> <b>1822 VICTORIA AVENUE</b> <b>SUITE A</b> <b>FORT MYERS FL 33901</b> <b>2400 1st Street, #303</b> <b>Ft. Myers, FL 33901</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 date (if applicable). (NOTE: Registered Agent's signature required when reconstituting) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST COOK, THOMAS L 17431 ALICO CENTER ROAD, SUITE 1 FORT MYERS FL <del>33912</del> <b>33967</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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 #

**4-15-08** **239-454-4400**