## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # V03163** 01-31-2005 90072 039 \*\*\*150.00 COOK MANUFACTURING GROUP, INC. Mailing Address Principal Place of Business 5520 COMMECIAL BLVD PO BOX 1345 50008619 FROSTPROOF, FL 33843 WINTER HAVEN, FL 00000 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3115061 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARTER, DAVID R Street Address (P.O. Box Number is Not Acceptable) **ESQ** 7419 US HWY 19 NEW PT RICHEY, FL 34652-8250 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ■ Addition Delete TITLE COOK, CHARLES S NAME NAME STREET ADDRESS STREET ADDRESS 1481 EXCALIBUR DR CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE : Sear/Treas. COOK, VICKI W NAME Cook, Vick, W. STREET ADDRESS STREET ADDRESS 1481 EXCALIBUR DR 1481 Excaliber Dr. CLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-7IP Clearwater, FL 33764 Addition ☐ Change Delete TITLE TITLE Turlington, Seta NAME NAME 5-500-Commercial Blod STREET ADDRESS STREET ADDRESS Winter Haven, FL 33880 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

Jan 31, 2005 8:00 am