


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90010 025 \*\*\*150.00

<b>DOCUMENT # V03163</b> 1. Entity Name <b>COOK MANUFACTURING GROUP, INC.</b>	
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Principal Place of Business <b>5520 COMMERCIAL BLVD WINTER HAVEN, FL 33880 US</b>	Mailing Address <b>PO BOX 1345 FROSTPROOF, FL 33843 US</b>
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01082008 No Chg-P CR2E034 (11/05)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3115061</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>CARTER, DAVID R ESQ 7419 US HWY 19 NEW PT RICHEY, FL 34652-8250</b>
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**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 **1/27/08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. COOK, CHARLES S 1481 EXCALIBUR DR CLEARWATER, FL 33764 <b>507 Eagle Pond Dr. Winter Haven, FL 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T COOK, VICKI W 1481 EXCALIBUR DR. CLEARWATER, FL 33764 <b>507 Eagle Pond Dr. Winter Haven, FL 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURLINGTON, SETH 5520 COMMERCIAL BLVD WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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:  **CS Cook** Date **01/21/08** Daytime Phone # **863.965.0872**