2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27996

ity Name: COOKSEY & ASSOCIATES INC

51 RIVER RIDGE TRAIL

ORMOND BEACH, FL 32174

Address: City-St-Zip: FILED Apr 25, 2008 Secretary of State

Entity Nar	ne: COOKSEY, & /	ASSOCIATES, INC.			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
SUITE 120	STA LANE BEACH, FL 32114	US	495 S. NOVA ROA SUITE 102 ORMOND BEACH		
Current Mailing Address:			New Mailing Add	New Mailing Address:	
SUITE120	STA LANE BEACH, FL 32114	US	495 S. NOVA RO/ SUITE 102 ORMOND BEACH		
FEI Number:	59-3115566 FEI	Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
COOKSEY, T. JAMES 100 LA COSTA, STE 120 DAYTONA BEACH, FL 32114 US			495 S. NOVA ROA SUITE 102	COOKSEY, T. JAMES 495 S. NOVA ROAD SUITE 102 ORMOND BEACH, FL 32174 US	
The above in the State	named entity submi e of Florida.	its this statement for the p	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				04/25/2008	
	Electronic Sig	nature of Registered Age	nt	Date	
Election Can	npaign Financing Trus	t Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete COOKSEY, T. JAMES 8 FERNWOOD TRAIL ORMOND BEACH, FL	i,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete COOKSEY, JOY B 8 FERNWOOD TRAIL ORMOND BEACH, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TR () Delete		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: T. JAMES COOKSEY D 04/25/2008