

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V69076

1. Entity Name

COOK-BROWN ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 6006
PENSACOLA, FL 32503

Mailing Address

P.O. BOX 6006
PENSACOLA, FL 32503



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, BYRON M.
6354 RAMBLER DR
PENSACOLA, FL 32505

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000126551
04/23/04-80098-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOK, BYRON M.
STREET ADDRESS	6354 RAMBLER DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	BROWN, JERRY L.
STREET ADDRESS	3976 RESERVATION RD
CITY-ST-ZIP	GULF BREEZE, FL
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 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

BYRON M. COOK

4/20/04

851-474-0212

Daytime Phone #