2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V69076

1. Entity Name
COOK-BROWN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6006 PENSACOLA, FL 32503	P.O. BOX 6006 PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

03302007   No Chg-P   CR2E034 (11/05)

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

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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.

X SIGNATURE _____   4/30/07
Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

U00000759319
05/24/07-80037-020 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

X **SIGNATURE:** _____   4/30/07   850-474-0212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #