


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-07-2006 90074 005 ****50.00
L03000050633

DOCUMENT # L03000050633 1. Entity Name GEORGE COOK POOL SERVICE, L.L.C.					
Principal Place of Business 701 EAST GRANT AVENUE DELAND FL 32724		Mailing Address 701 EAST GRANT AVENUE DELAND FL 32724			
2. Principal Place of Business <i>George Cook</i> Suite, Apt. #, etc. <i>1622 W. Minnesota</i> City & State <i>DeLand, Fl.</i> Zip <i>32720</i>		3. Mailing Address <i>George Cook</i> Suite, Apt. #, etc. <i>1622 W. Minnesota</i> City & State <i>DeLand, Fl.</i> Zip <i>32720</i>			
4. FEI Number 56-2420669		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent COOK, GEORGE E SR 701 EAST GRANT AVENUE DELAND FL 32724			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1622 W. Minnesota</i> City <i>DeLand</i> FL Zip Code <i>32720</i>		
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, GEORGE E SR 701 EAST GRANT AVENUE DELAND FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>George Cook 1622 W. Minnesota DeLand, FL 32720</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>George Cook</i>			Date: <i>1/19/06</i> Daytime Phone #: <i>386-937-3044</i>		



1st MOORE CR2E083 (10/05)

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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