


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 George Cook Suite, Apt. #, etc. 1622 W. Minnesota City & State DeLand, FL Zip 32720			3. Mailing Address George Cook Suite, Apt. #, etc. 1622 W. Minnesota City & State DeLand, FL Zip 32720		
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			1st MOORE CR2E083 (10/05)		
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) 1622 W. Minnesota City DeLand FL Zip Code 32720		
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM	<input type="checkbox"/> Delete	TITLE	George Cook	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, GEORGE E SR		NAME	1622 W. Minnesota	
STREET ADDRESS	701 EAST GRANT AVENUE		STREET ADDRESS	DeLand, FL	
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP	32720	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

2006 FEB-23 AM 9:54
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 FILED

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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: George Cook 1/19/06 386-937-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #