
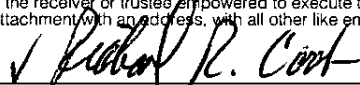


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90301 046 \*\*\*150.00

<b>DOCUMENT # P03000117952</b> 1. Entity Name <b>COOK'S FLOORING &amp; WALLS, INC.</b>																											
Principal Place of Business <b>1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308</b>		Mailing Address <b>1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308</b>																									
2. Principal Place of Business <b>1809 miccosukee Commons Dr.</b> Suite, Apt. #, etc. <b>Suite 108</b> City & State <b>Tallahassee, FL</b> Zip <b>32308</b>		3. Mailing Address <b>1809 miccosukee Commons Dr.</b> Suite, Apt. #, etc. <b>Suite 108</b> City & State <b>Tallahassee, FL</b> Zip <b>32308</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>30-0324028</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1809 miccosukee Commons Dr.</b> <b>Suite 108</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</b>																									
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 _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
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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.																											
<b>SIGNATURE:</b> 		<b>Richard R. Cook</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-26-04</b> Daytime Phone #																									