## **2008 FOR PROFIT CORPORATION**

## **FILED** Anr 30. 2008 08:00 AM ıte

Daytime Phone #

ANNUAL REPORT				Apr 30, 2000 00.00
DOCUMENT # P03000144542				Secretary of Sta
1. Entity Name				
COOKS	CARPET, INC.			,
			100	
1	ce of Business	Mailing Address		
15106 DENI Hudson, Fl		15106 DENNIS DRIVE Hudson, Fl. 34669 us		
		·		
	,		* 4 1	01162008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number Applied For
				20-0467981   Not Applicable
				5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent	1	
COOK, DONALD 15106 DENNIS AVENUE HUDSON, FL 34669				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 obligat	tions of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
	og along types of product of			70 7
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees U00000935081 05/23/08-80058-009 150, 000
10.	OFFICERS AND D	IRECTORS		
TITLE NAME	P,VP COOK, DONALD			
STREET ADDRESS	15106 DENNIS DRIVE			
CITY-ST-ZIP	HUDSON, FL 34669		-[	•
TITLE NAME				;
STREET ADDRESS				
CITY-ST-ZIP			-∤ .	
NAME			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS			,	DO NOT WRITE
TITLE			-	
NAME				IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			<b>I</b> . ,	
TITLE			-	
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE			<b>-</b>	
NAME CIRCLI ADDRESS				
STREET ADDRESS	ſ			وهُمَا يَعْدُونَ مِنْ وَاذْ مُعَالِمُ وَالْمُعِينِ مِنْ مِنْ الْمُعَالِمُ مِنْ مِنْ الْمُعَالِمُ مِن

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.

SIGNATURE:

| Publication | Publicatio

JONA CD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE**