


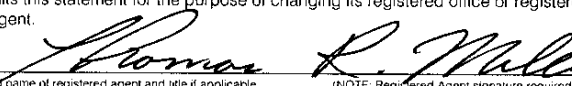
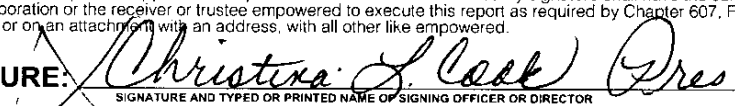
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90381 021 ***150.00

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DOCUMENT # P03000147563					
1. Entity Name V.R. COOK RENOVATIONS, INC.					
Principal Place of Business 2633 SETTLERS COLONY BLVD GULF BREEZE, FL 32563		Mailing Address PO BOX 6364 GULF BREEZE, FL 32563			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272006 Chg-P CR2E034 (11/05) 4. FEI Number 33-1078698 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HICKEY, RAYMOND G RA 913 GULF BREEZE PKWY STE 5 GULF BREEZE, FL 32561			Name THOMAS R. MILLER Street Address (P.O. Box Number is Not Acceptable) 1628 KALAKAUA COURT City GULF BREEZE FL Zip Code 32563		
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		 Signature, typed or printed name of registered agent and title if applicable.		DATE 4-26-2006	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, VICTOR R PD		NAME	COOK, VICTOR R.	
STREET ADDRESS	2633 SETTLERS COLONY BLVD		STREET ADDRESS	2633 SETTLERS COLONY BLVD	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, CHRISTINA L PD		NAME		
STREET ADDRESS	2633 SETTLERS COLONY BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULFBREEZE, FL 32563		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, V.R.		NAME		
STREET ADDRESS	2633 SETTLERS COLONY BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		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		
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: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/06		850-934-9096	