## 2005 FOR PROFIT CORPORATION

## May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000008687** 05-02-2005 90979 044 \*\*\*150.00 1. Entity Name COOKS POOL & SPA PLUMBING INC. Principal Place of Business Mailing Address 40010001 43636 BEAR LAKE BLVD. 43636 BEAR LAKE BLVD. DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 CR2E034 (10/03) 4. FEI Nuy City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, JASUN 43636 BEAR LAKE BLVD. Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be F!LE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PΩ TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOK, JASON NAME NAME STREET ADDRESS 43636 BEAR LAKE BLVD. STREET ADDRESS DELAND, FL 32720 CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME COOK, THOMAS NAME STREET ADDRESS 43636 BEAR LAKE BLVD. STREET ADDRESS **DELAND, FL 32720** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition WALKER, CALVIN NAME NAME STREET ADDRESS 43636 BEAR LAKE BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELAND, FL 32720 Delete Change Addition TITLE TITLE NAME BEUER, GREG NAME 43636 BEAR LAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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 adviess, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

Change

Addition

**FILED**