2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

			1		<del> </del>	<sub>1</sub> 8/29/2005-9	90145-003-8	150.00-\$150	0.00	
DOCUMENT # P0400091379  1. Entity Name										
DAVE COOK'S CUSTOM POOL & SPA PLUMBING INC.							2005 GED	16 PM	շ։ ևև	
Principal Place of Business Mailing Address						1				
							SECRET	<b>5</b> 0	ncegi	n
39925 FOREST DRIVE SUSTIS FL 32736 SUSTIS FL 32736						1	SECRE	AKY U	COUNTY A	U
						11111				HERT R 1831
						]   114		3   1   1   1   1   1   1   1   1   1		
2. Principal Place of Business 3. Mailing Ad			ing Address			1				
						I				
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				I MOORE	CR2E034	(10/04)	
City & State			City & State			4. FEI Numb			I IA	oplied For
City & State		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City & State			4. 76/140/10	rep:		<del></del>	ot Applicable
Zip Country		Zip		Country	ry				\$8.75 Ac	
	Zip Cooliny					5. Certificate	e of Status Desir	ed 🗌	Fee Require	
	6. Name and Address of Ci	rrent Registere	d Agent			7. Name and	Address of No	w Registered	Agent	
N.										
COOK, DAVID					Street Address	P () Flor Numb	ner is Not Acces	iable) -		e :
39925 FOREST DRIVE				[ `	TStreet Address (P.O. Box Number Is Not Acceptable)					
EUSTIS FL 32736										
				<u> </u>	City				Zip Cod	
•	<del></del>			'				, FL		<del>.</del> .
	named entity submits this stater	nent for the purpo	ose of changing its	registered (	office or registe	red agent, or bo	oth, in the State	of Florida. I am	tamiliar with,	and accept
the obligati	ions of registered agent	÷								
SIGNATURE .	•									
SIGNATIONE -	Signature, typed or printed nerre of registers	ed agent and little it appl	icable (NOTE	Registered Ag	aut signalme tadmet	i when reinstering)		DATE		
F	ILE NOW!!! FEE IS \$150.0	10								
-	May 1, 2005 Fee Will Be \$5	1						ampaign Financ Contribution.		00 May Be ed to Fees
	r Payable to Florida Departm						[ IIUSET GITG	CGIaibaan.	LJ AGOE	30 (0 L662
10.	OFFICER	S AND DIRECTO	RS	11.			/CHANGES TO	OFFICERS ANI	DIRECTOR	SINI
NILE	P #.		Detelo	TITLE	Vice	Presiden.	+		Change	Addition
NAME	COOK, DAVID		•	NAME	Calv	in Walker Dover LA.		$(\ (\ )/$	,	
STREET ADDRESS	39925 FOREST DRIVE			STREET A	DORESS 149	Dover LA.	. 1	1 4		
CITY-ST-ZIP	EUSTIS FL 32736			CITY-SI-	ZIP Del	and, FL.	32720	<u> </u>		
DILE	9		Detete	TITLE					Change	■ Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP	<b>†</b> ·			STREET A						
					ZIF					
TITLE			Delete	TITLE NAME					Change	Addition
NAME Street address				STREET A	nnerss					
CITY-ST-ZIP				CITY-SI-			opo5			3 00
TITLE	<del>                                     </del>		Defete	TITLE			<u>'0,/0501</u>	<u> </u>	Change	
HAME			_ October	NAME						
STREET ADDRESS				STREE! A	DDRESS					
CITY-SI-ZIP				CITY-SI-	7IP					
TITLE			Delete	DILE					Change	Addition
NAME				NAME						
STREET ADDRESS				STREET A				•		
CITY ST-ZIP				CIIY-SI-	· EIP					
TITLE			Delete	TiftE	-				Change	Addition
NAME	\ 			NAME						
STREET ADDRESS	1			STREET A						
				GIIT-SI	• • [					
CITA- 21-515		and and all the second second		***	Non atom of the Co	with I IN OTHER	Hit Charles Com-	1 Eurob	otike phone store "	darmasia.
12. I hereby of indicated	certify that the information supplified this report or suppliemental r	eport is true and	accurate and that n	ny signature	shall have the	same legal effe	ct as if made un	der oath; that I	am an officer	or director
12. I hereby of indicated of the cor	l on this report or supplemental reporation or the receiver or truste	eport is true and e empowered to	accurate and that nexecute this report	ny signature as required	shall have the	same legal effe	ct as if made un	der oath; that I	am an officer	or director
12. I hereby of indicated of the cor	l on this report or supplemental r	eport is true and e empowered to	accurate and that nexecute this report	ny signature as required	shall have the	same legal effe	ct as it made un es; and that my	ider oath; that I name appears	am an officer in Block 10 or	or director Block 11 if
12. I hereby a indicated of the cor changed	on this report or supplemental reporation or the receiver or truster, or on an attachment with an ad	eport is true and e empowered to	accurate and that nexecute this report	ny signature as required	shall have the	same legal effe	ct as it made un es; and that my	ider oath; that I name appears	am an officer in Block 10 or	or director Block 11 if
12. I hereby of indicated of the cor	on this report or supplemental reportation or the receiver or truste, or on an attachment with an ad	eport is true and se empowered to dress with all oth	accurate and that nexecute this report	ny signature as required	shall have the	same legal effe	ct as it made un es; and that my	name appears	am an officer in Block 10 or	or director Block 11 if

Illba