-2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 27, 2006 08:00 AM DOCUMENT # P97000035859 **Secretary of State** 1. Entity Name GEORGE COOK TRUCKING, INC. Principal Place of Business Mailing Address 359 WEST 67TH STREET 359 WEST 67TH STREET JACKSONVILLE FL 32208-3928 JACKSONVILLE FL 32208-3928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3444288 Not Applicat ZłD Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, GEORGE L Street Address (P.O. Box Number is Not Acceptable) 359 WEST 67TH STREET JACKSONVILLE FL 32208-3928 City 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 little & applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HIF ☐ Change A in ... NAME MAME U00000403544 COOK, GEORGE L STREET ADDRESS 359 WEST 67TH STREET 02/06/06-80012-004 150.00 STREET ADDRESS JACKSONVILLE FL 32208-3928 CITY - ST - ZIP CITY-ST-ZIP TITLE D Delete Tille ☐ Change Audin. MAME COOK, REGINA W HAME STREET ADDRESS 359 WEST 67TH STREET STREET ADDRESS. CITY - ST - ZIP JACKSONVILLE FL 32208-3928 CITY-ST-7IP TITLE Delete TIBLE Δ.*.*:::: NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ All NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Asia" NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addan 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 Section 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 direction 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 Slock 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

George Cook

1-25-06

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