


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90148 024 ***150.00

DOCUMENT # P98000061698	
1. Entity Name DOUG COOK SERVICES, INC.	

Principal Place of Business 3649 YS HWY 17 UNIT 10-A ORANGE PARK FL 32073	Mailing Address 6768 BAKERSFIELD RD 2 JACKSONVILLE FL 32210
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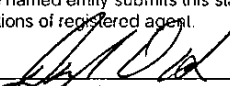


2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 5576 La Moya Suite, Apt. #, etc.
City & State JAX FL	City & State JAX FL
Zip 32210	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3512086	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 COOK, DOUG O 6768 BAKERSFIELD RD. JACKSONVILLE FL 32210	
7. Name and Address of New Registered Agent Name Cook Douglas O Street Address (P.O. Box Number is Not Acceptable) 5576 La Moya Ave City JAX FL Zip Code 32210	

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  (NOTE: Registered Agent signature required when reinstating) DATE **1/31/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COOK, DOUGLAS O 6768 BAKERSFIELD RD. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Cook Douglas O 5576 La Moya Ave JAX FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Cook Tammy A. 5576 La Moya Ave JAX FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **1/31/07 904-655-5893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY