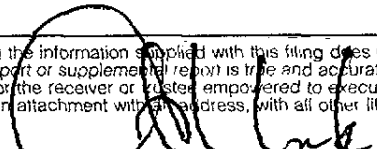


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000070921 1. Entity Name THOMAS COOK GENERAL CONTRACTING, INC.					
Principal Place of Business 17431-1 ALICO CENTER RD FORT MYERS FL 33912			Mailing Address 17431-1 ALICO CENTER RD SUITE 2 FORT MYERS FL 33912		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0940521	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAYUSA, MICHAEL F 1922 VICTORIA AVENUE SUITE A FORT MYERS FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST ☐ Delete NAME COOK, THOMAS L STREET ADDRESS 17431 ALICO CENTER ROAD, SUITE 1 CITY-ST-ZIP FORT MYERS FL 33912				TITLE ☐ Change ☐ Add NAME U000000405720 STREET ADDRESS 02/07/06-80051-017 150.00 CITY-ST-ZIP	
TITLE D ☐ Delete NAME COOK, THOMAS L STREET ADDRESS 17431 ALICO CENTER ROAD, SUITE 1 CITY-ST-ZIP FORT MYERS FL 33912				TITLE ☐ Change ☐ Add	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add	
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 address, with all other like empowered.					
SIGNATURE: 				Date 1-24-06 Daytime Phone # 239-454-4400	