2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S61832

1. Entity Name
COOK'S CUSTOM SERVICE, INC.

Principal Place of Business	Mailing Address
COOK"S CUSTOM SVC INC 929 DON DR FORT WALTON BCH, FL 32547 US	COOK"S CUSTOM SVC INC FORT WALTON BCH, FL 32547 US

DO NOT WRITE IN THIS SPACE

02072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3077241	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, ROGER
909 DON DR
FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

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

02/21/07-80070-006 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	COOK, ROGER
STREET ADDRESS	504 WILLIAMS ST
CITY-ST-ZIP	FT WALTON BEACH, FL 32547

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: President   2-8-07   850-862-6378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #