


FILED
Jan 31, 2008 8:00 am
Secretary of State

40014763

DOCUMENT # S61832 1. Entity Name COOK'S CUSTOM SERVICE, INC.			
Principal Place of Business COOK'S CUSTOM SVC INC 929 DON DR FORT WALTON BCH, FL 32547 US		Mailing Address COOK'S CUSTOM SVC INC FORT WALTON BCH, FL 32547 US	
2. Principal Place of Business - No P.O. Box # 909 DON DRIVE Suite, Apt. #, etc.		3. Mailing Address 909 DON DRIVE Suite, Apt. #, etc.	
City & State FORT WALTON BEACH, FL		City & State FORT WALTON BEACH, FL	
Zip 32547	Country	Zip 32547	Country
6. Name and Address of Current Registered Agent COOK, ROGER 909 DON DR FORT WALTON BEACH, FL 32547		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COOK, ROGER 504 WILLIAMS ST FT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1-29-08 850-862-6378 <small>Daytime Phone #</small>	