

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # V30962

Entity Name  
COOK'S PLUMBING, INC.



Principal Place of Business  
6331 14TH AVENUE S.W.  
NAPLES, FL 34116 US

Mailing Address  
6331 14TH AVENUE S.W.  
NAPLES, FL 34116 US



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0337699

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COOK, ROBERT D  
6331 14TH AVE S.W.  
NAPLES, FL 34116-4874

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000398245  
01/30/06-80086-016 150.00

**OFFICERS AND DIRECTORS**

NAME	D
DIRECT ADDRESS	COOK, ROBERT D
CITY-ST-ZIP	6331 14TH AVENUE S.W.
	NAPLES, FL 34116
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 239-455-8353

Date

Daytime Phone #