


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000158720 1. Entity Name COZMO THE SCHOOL, INC.	
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Principal Place of Business 9230 BROOKWOOD CT. BONITA SPRINGS, FL 34135	Mailing Address 9230 BROOKWOOD CT. BONITA SPRINGS, FL 34135
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEL Number 20-1926909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMCZYK, MARK ESQ
5801 PELICAN BAY BLVD #103
NAPLES, FL 34108

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000865253
04/07/08-80021-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMCZYK, KYLE 7935 AIRPORT PULLING RD. N. STE. 8 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMCZYK, JOHN M 7935 AIRPORT PULLING RD. N. STE. 8 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMCZYK, PAMELA J 16228 PARQUE LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMCZYK, MARK E 16228 PARQUE LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Kyle Adamczyk* Kyle Adamczyk 3/18/08 239-495-1810

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