## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000065615

255 S. COUNTY RD.

PALM BEACH, FL 33480

Address:

City-St-Zip:

Entity Name: CO TANGENT, INC.

FILED Feb 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 660 US HWY ONE THIRD FLOOR NORTH PALM BEACH, FL 33408 **New Mailing Address: Current Mailing Address:** 660 US HWY ONE THIRD FLOOR NORTH PALM BEACH, FL 33408 FEI Number: 65-0853503 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALLIE, SHAW & PFAFFENBERGER, P.A. 660 US HWY ONE THIRD FLOOR NORTH PALM BEACH, FL 33408 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition REYNOLDS, WILEY R III Name: Name: 255 S. COUNTY RD. Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: DPS Title: () Delete () Change () Addition LEE, JEFFREY S Name: Name: 255 S. COUNTY RD Address: Address: PALM BEACH, FL 33480 City-St-Zip: City-St-Zip: **VPAS** Title: Title: () Delete () Change () Addition BROOKS, ARTHUR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEFFREY S. LEE DPS 02/10/2009