

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000158720

**Entity Name:** COZMO THE SCHOOL, INC.

**Current Principal Place of Business:**

10347 BONITA BEACH RD.  
UNIT 103  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

10347 BONITA BEACH RD.  
UNIT 103  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-1926909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADAMCZYK, MARK ESQ  
8950 FONTANA DEL SOL WAY, SUITE100  
NAPLES, FL 34109 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

**Officer/Director Detail :**

Title PD  
Name ADAMCZYK, KYLE  
Address 7935 AIRPORT PULLING RD. N. STE. 8  
City-State-Zip: NAPLES FL 34109

Title VD  
Name ADAMCZYK, JOHN M  
Address 7935 AIRPORT PULLING RD. N. STE. 8  
City-State-Zip: NAPLES FL 34109

Title VD  
Name ADAMCZYK, PAMELA J  
Address 4213 SNOWBERRY LANE  
City-State-Zip: NAPLES FL 34119

Title VD  
Name ADAMCZYK, MARK E  
Address 4213 SNOWBERRY LANE  
City-State-Zip: NAPLES FL 34119

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN M. ADAMCZYK

V.P.

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date