


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 519519</b> 1. Entity Name <b>A. COBB &amp; SON, INC.</b>																																																																																																																																																													
Principal Place of Business <b>6342 RANCHES RD LAKE WORTH FL 33463</b>			Mailing Address <b>6342 RANCHES RD LAKE WORTH FL 33463</b>																																																																																																																																																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																																											
City & State		City & State		4. FEI Number <b>59-1707727</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>																																																																																																																																																									
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																									
6. Name and Address of Current Registered Agent  <b>COBB, JOYCE M. 6342 RANCHES ROAD LAKE WORTH FL 33463</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____																																																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																																																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SIGNATURE:</b> <i>Joyce M Cobb</i>          SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       </div> <div style="width: 45%; text-align: right;"> <i>1/30/04 (561) 965-8304</i>          Date Daytime Phone #       </div> </div>																																																																																																																																																													