2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 536456

Entity Name: COGBURN BROS, INC.

Current Principal Place of Business:

3300 FAYE ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

3300 FAYE ROAD
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-1742857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, RICHARD K ESQ
501 W BAY ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C/D
Name: COGBURN, RONNIE L
Address: 3300 FAYE RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: P/D
Name: COGBURN, LARRY D
Address: 3300 FAYE RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: S/D
Name: WISE, KATHY M
Address: 3300 FAYE RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: T/D
Name: COGBURN, BARBARA
Address: 3300 FAYE RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: V/D
Name: LEDERMAN, TONY
Address: 3300 FAYE RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: V/D
Name: COGBURN, DOUG
Address: 3300 FAYE RD
City-St-Zip: JACKSONVILLE, FL 32226

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: KATHY M. WISE S/D 02/15/2011

Electronic Signature of Signing Officer or Director — Date