


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 628035
 1. Entity Name
COBRA PALLETS, INC.



Principal Place of Business Mailing Address
6629 MURIEL STREET **6629 MURIEL STREET**
JACKSONVILLE, FL 32254 US **JACKSONVILLE, FL 32254 US**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1931902	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

SMITH, JERRY W
305 FLEMING DR
GREEN COVE SPRINGS, FL 32043

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, JERRY W
STREET ADDRESS	305 FLEMING DR
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	ST
NAME	SMITH, ANNE C
STREET ADDRESS	305 FLEMING DR
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Anne C Smith (Anne C. Smith) 4/9/07 904 (783-3308)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #