'2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 08:00 A 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 04152008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-1931902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, JERRY W 305 FLEMING DR GREEN COVE SPRINGS, FL 32043 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SMITH, JERRY W NAME 305 FLEMING DR STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 ST TITLE SMITH, ANNE C NAME 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 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CTIY-ST-ZIP 12. Thereby 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.

ANNE C. Smith

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED