


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000001033</b>	
1. Entity Name <b>COBB ENVIRONMENTAL TECHNICAL SERVICES, INC.</b>	

Principal Place of Business <b>871 S GREEN ST TUPELO, MS 38804</b>	Mailing Address <b>PO BOX 1602 TUPELO, MS 38802 16</b>
---------------------------------------------------------------------------	---------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>72-1364559</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	
------------------------------------------------------------------------------------------------------------------------------------------	--

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES COBB, BRIAN K 1496 CR 101 NEW ALBANY, MS 38652</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000610587  
02/02/07-80026-014-158.75

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.

<b>SIGNATURE:</b> 	<b>1-22-07</b>	<b>662 841-0995</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>