

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM  
Secretary of State

DOCUMENT # J72887

1. Entity Name  
ANDREW I. COBO, D.M.D., P.A.



Principal Place of Business

% ANDREW I. COBO  
COUNTY RD 437  
LAKE PANASOFFKEE, FL 33538

Mailing Address

PO BOX 388  
LAKE PANASOFFKEE, FL 33538-0388 US



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2799003

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COBO, ANDREW I.  
1480 CR 437  
LAKE PANASOFFKEE, FL 33538

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
COBO, ANDREW I, DMD  
10695 S PLEASANT GROVE RD  
INVERNESS, FL 34452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

U00000823783  
02/20/08-80050-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

Andrew I. Cobo

*Andrew I. Cobo*

1/8/08 (352) 793-3703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #