


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # J73412	
1. Entity Name D.J. COBB CONSTRUCTION COMPANY, INC.	

Principal Place of Business % DAN COBB 2685 MONICA LANE CANTONMENT, FL 32533	Mailing Address % DAN COBB 2685 MONICA LANE CANTONMENT, FL 32533
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04282005 No Chg-P CR2E034 (10/03)

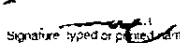
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2820990	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 COBB, DAN 2685 MONICA LANE CANTONMENT, FL 32533
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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 obligation of the registered agent:

SIGNAT  DATE 4-29-05

Signature typed or printed name of registered agent and title if applicable. Signature required when re-registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

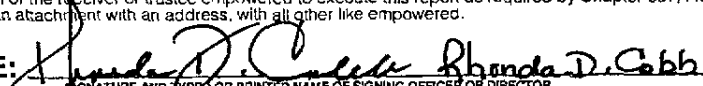
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, DAN 2685 MONICA LANE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBB, RHONDA D. 2685 MONICA LANE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000361498
05/05/05-80078-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4-29-05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #