2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # K92659

1. Entity Name
COB INDUSTRIES, INC.

Principal Place of Business	Mailing Address
7610 CORAL DR. W. MELBOURNE, FL 32904	P O BOX 361175 MELBOURNE, FL 32936-1125

02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2646538
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, RUTH M
822 CORAL SPRINGS STREET
MELBOURNE, FL 32940

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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's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	O'BRIEN, RUTH M.
STREET ADDRESS	822 CORAL SPRINGS ST
CITY-ST-ZIP	MELBOURNE, FL
TITLE	VD
NAME	O'BRIEN, VERONICA A
STREET ADDRESS	147 KRISTI DR
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	V
NAME	O'BRIEN, STEPHEN A
STREET ADDRESS	2605 VILLAGE PK
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	P
NAME	O'BRIEN, CLETUS
STREET ADDRESS	120 PELICAN DR
CITY-ST-ZIP	MELBOURNE SHORES, FL 32951
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 exemption stated in Section 119.07(3)(i), 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: Ruth M. O'Brien 2/4/04 (321) 723-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #