

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92659

FILED
Jan 14, 2009
Secretary of State

Entity Name: COB INDUSTRIES, INC.

Current Principal Place of Business:

7610 CORAL DR.
W. MELBOURNE, FL 32904

New Principal Place of Business:

6909 VICKIE CIRCLE
W. MELBOURNE, FL 32904

Current Mailing Address:

P O BOX 361175
MELBOURNE, FL 329361125

New Mailing Address:

FEI Number: 13-2646538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: O'BRIEN, RUTH M.,
Address: 822 CORAL SPRINGS ST
City-St-Zip: MELBOURNE, FL

Title: VD () Delete
Name: O'BRIEN, VERONICA A
Address: 147 KRISTI DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: V () Delete
Name: O'BRIEN, STEPHEN A
Address: 2605 VILLAGE PK
City-St-Zip: MELBOURNE, FL 32934

Title: P () Delete
Name: O'BRIEN, CLETUS
Address: 120 PELICAN DR
City-St-Zip: MELBOURNE SHORES, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH M. O'BRIEN

DVT

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date