

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92659

Entity Name: COB INDUSTRIES, INC.

FILED  
Jan 14, 2009  
Secretary of State

**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