


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L52115**  
 1. Entity Name  
**JOHN WM. COBB & ASSOCIATES, INC.**



Principal Place of Business <b>3101 WEST MICHIGAN AVENUE          C/O JOHN WM. COBB          PENSACOLA, FL 32526</b>	Mailing Address <b>3101 WEST MICHIGAN AVENUE          C/O JOHN WM. COBB          PENSACOLA, FL 32526</b>
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03272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2993193</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**COBB, JOHN WM.  
 3101 WEST MICHIGAN AVENUE  
 PENSACOLA, FL 32526**

**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 \_\_\_\_\_ (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**

U00000874573  
 04/10/08-80126-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, JOHN WM. 3101 WEST MICHIGAN AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, JENNIFER L 3101 WEST MICHIGAN AVENUE PENSACOLA, FL 32526
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**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:** John Wm Cobb **JOHN Wm COBB** **PRESIDENT** 3/27/08 850 944 5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #