

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 040 ***150.00

DOCUMENT # L59752

1. Entity Name

COBRA PLASTICS INC.



Principal Place of Business

13090 92 ST N
UNIT 401
LARGO FL 33773
US

Mailing Address

13090 92 ST N
UNIT 401
LARGO FL 33773
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 59-2998379

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLIN, DAN
12063 106TH ST N
LARGO FL 33773

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STRICKLIN, DAN	
STREET ADDRESS	12063 106TH ST N	
CITY-ST-ZIP	LARGO FL 33773	

TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY LAMENDOLA	
STREET ADDRESS	2213 Gladys St.	
CITY-ST-ZIP	Largo, FL 33774	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY STRICKLIN

3-5-04

727-581 7399

Date

Daytime Phone #