


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90019 001 ***300.00

DOCUMENT # L67829			
1. Entity Name COBB AND WALLS INSURANCE AGENCY, INC.			
Principal Place of Business C/O KATHERINE M. COBB P. O. BOX 1479 MELBOURNE, FL 32902-8479		Mailing Address C/O KATHERINE M. COBB P. O. BOX 1479 MELBOURNE, FL 32902-8479	
2. Principal Place of Business 7630 N. Wickham Rd Suite, Apt. #, etc. Suite 103		3. Mailing Address P.O. Box 411355 Suite, Apt. #, etc.	
City & State Melbourne FL		City & State Melbourne FL	
Zip 32940		Zip 32941	
Country Brevard		Country Brevard	
4. FEI Number 65-0192592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COBB, MARK C 1990 WEST NEW HAVEN AVENUE #203 SUITE 38 MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7630 N. Wickham Rd Suite 103 City Melbourne FL Zip Code 32940	
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 <i>Mark C. Cobb</i>		DATE 1.12.04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT	NAME COBB, MARK C.	<input type="checkbox"/> Delete	
STREET ADDRESS 1990 W. NEW HAVEN AVE. STE. 203	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MELBOURNE, FL			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Mark C. Cobb</i>		DATE 1.12.04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 321-984-3270	