


FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90037 003 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | |
|---|---|
| DOCUMENT # L71188 1. Entity Name COJAN ENTERPRISES, INC. |  |
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|---|---|
| Principal Place of Business 1377 DELTONA BLVD. SPRING HILL, FL 34606 US | Mailing Address 1377 DELTONA BLVD. SPRING HILL, FL 34606 US |
|---|---|

40102724



03192007 No Chg-P CR2E034 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 59-3021026 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MOSS, C.O.
 1377 DELTONA BLVD.
 SPRING HILL, FL 34606

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT MOSS, C.O. 1377 DELTONA BLVD. SPRING HILL, FL 34606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MOSS, JANECE J 1377 DELTONA RD. SPRING HILL, FL 34606 |
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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: *Janece Moss* **JANECE MOSS** *4/4/07*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #