


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M64496 1. Entity Name COBB BROTHERS AUTO GLASS & UPHOLSTERY, INC.	
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Principal Place of Business 3508 N. FLORIDA AVE. TAMPA, FL 33603	Mailing Address 3508 N. FLORIDA AVE. TAMPA, FL 33603
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04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2880000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COBB, REGGIE 3508 N. FLORIDA AVE. TAMPA, FL 33603

**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

Reginald Cobb
Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/28/2005
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD COBB, REGGIE 1115 DOGWOOD AVE. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAINE, SHEILA D 16740 WHIRLEY RD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAINE, SHEILA D 16740 WHIRLEY RD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/05-80126-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Reginald Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

Daytime Phone #