

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002290

1. Entity Name
KING COBRA ENTERPRISE, INC.



Principal Place of Business

**109 ROSANA DRIVE
TAMPA, FL 33511**

Mailing Address

**109 ROSANA DRIVE
TAMPA, FL 33511**



01212005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0386731

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FELTON, COREY
109 ROSANA DRIVE
TAMPA, FL 33511**

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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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FELTON, COREY
STREET ADDRESS	109 ROSANA DRIVE
CITY - ST - ZIP	TAMPA, FL 33511
TITLE	VD
NAME	PATTY, MICHELLE
STREET ADDRESS	109 ROSANA DRIVE
CITY - ST - ZIP	TAMPA, FL 33511
TITLE	SD
NAME	ROSIER, PHILLIS
STREET ADDRESS	109 ROSANA DRIVE
CITY - ST - ZIP	TAMPA, FL 33511
TITLE	T
NAME	JONES, JACQUELINE
STREET ADDRESS	109 ROSANA DRIVE
CITY - ST - ZIP	TAMPA, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/29/05-80059-019 70.00

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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 617, 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:

Corey M. Felton *Corey M. Felton* *D. 1-25-05 813-244-0818*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #