

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003808

1. Entity Name
COSHARE, INC.



Principal Place of Business
**1719 MAHAN DRIVE
TALLAHASSEE, FL 32308 US**

Mailing Address
**1719 MAHAN DRIVE
TALLAHASSEE, FL 32308 US**



06182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3457740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT, MADONNA F ESQ.
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000162856
06/25/04-80001-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHN, DAVID 2675 EGRET LN TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, MEREDITH 5950 MILLERS LANDING RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT, MADONNA F 660 E JEFFERSON ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREDRICK, JEFFREY R 1719 MAHAN DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Fredrick

Date

Daytime Phone #

850/878-1108