

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**-Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000074504

1. Entity Name

COBBLESTONE LANE, CORPORATION



Principal Place of Business

3657 S NOVA RD
PORT ORANGE, FL 32119

Mailing Address

3657 S NOVA RD
PORT ORANGE, FL 32119



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3671020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILL, ERIC V
4393 RIDGEWOOD AVE, SUITE 1
PORT ORANGE, FL 32127

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOOTH, TIMOTHY
STREET ADDRESS	3657 S NOVA RD
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	ST
NAME	BOOTH, MELINDA
STREET ADDRESS	3657 S NOVA RD
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000393894
01/25/06-80040-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Booth **TIMOTHY BOOTH**

Date

1/20/06 386-761-9464

Daytime Phone #