




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90084 049 ***158.75

DOCUMENT # P01000070271 1. Entity Name GV COBBS LANDING, INC.		
Principal Place of Business 2221 LEE ROAD #28 WINTER PARK, FL 32789		Mailing Address 2221 LEE ROAD #28 WINTER PARK, FL 32789
2. Principal Place of Business 650 S. Northlake Blvd Suite 450 Altamonte Springs, FL 32701	3. Mailing Address 650 S. Northlake Blvd Suite 450 Altamonte Springs, FL 32701	40000000  04042005 Chg-P CR2E034 (10/03)
Suite, Apt. #, etc. Suite 450	Suite, Apt. #, etc. Suite 450	4. FEI Number 59-3728713
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL	Applied For Not Applicable
Zip 32701	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LECCESE, SALVADOR F 2221 LEE ROAD #28 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 City Altamonte Springs, FL Zip Code 32701
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECCESE, SALVADOR F <input type="checkbox"/> Delete 2221 LEE ROAD #28 WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 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		4-6-05 407-645-5575 Date Daytime Phone #