

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000017082

1. Entity Name

COHEA ENTERPRISES, INC.



Principal Place of Business
7981 NEWTON RD.
LAUREL HILL FL 32567

Mailing Address
7981 NEWTON RD.
LAUREL HILL FL 32567



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NO-T APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEA, JERRY
7981 NEWTON RD.
LAUREL HILL FL 32567

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEA, JERRY
7981 NEWTON RD.
LAUREL HILL FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEA, JONATHAN M
721 DUE WEST AVE N. APT. M-304
MADISON TN 37115 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEA, CATHERINE M
623 REBEL RD.
OLD HICKORY TN 37138 ☐ Delete

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02/21/06-80002-017 150.00 ☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JERRY COHEA

02/07/06

850 664 663