

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034685

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: DAVID M. COZAD, ATTORNEY AT LAW P.A.

## Current Principal Place of Business:

P.O. BOX 788  
ROSELAND, FL 32957

## New Principal Place of Business:

4650 LIPSCOMB ST  
STE 12  
PALM BAY, FL 32905

## Current Mailing Address:

P.O. BOX 788  
ROSELAND, FL 32957

## New Mailing Address:

PO BOX 20056  
BRADENTON, FL 34204

FEI Number: 02-0595610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COZAD, DAVID M  
2261 BROOKSHIRE CIRCLE  
MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

MILUCKY, JAMES J CPA  
1280 US HIGHWAY 1  
MALABAR, FL 32950 US

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.

SIGNATURE: JAMES J MILUCKY CPA

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COZAD, DAVID M  
Address: P.O. BOX 121416  
City-St-Zip: MELBOURNE, FL 32912

Title: SD ( ) Delete  
Name: COZAD, ZIOLA A  
Address: P.O. BOX 121416  
City-St-Zip: MELBOURNE, FL 32912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COZAD, DAVID M  
Address: PO BOX 20056  
City-St-Zip: BRADENTON, FL 34204

Title: SD (X) Change ( ) Addition  
Name: COZAD, ZIOLA A  
Address: PO BOX 20056  
City-St-Zip: BRADENTON, FL 34204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COZAD

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date