

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000034685

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

677 N. WASHINGTON BLVD.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1869  
DELAND, FL 32721

**New Mailing Address:**

PO BOX 150536  
ALTAMONTE SPRINGS, FL 32715

**FEI Number:** 02-0595610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COZAD, DAVID M  
Address: PO BOX 150536  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: SD  
Name: COZAD, ZOILA A  
Address: PO BOX 150536  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

I hereby 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 all other like empowered.

SIGNATURE: DAVID M. COZAD

PD

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date