

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000097350

1. Entity Name
COBIA HOMES, INC.



Principal Place of Business
**8094 SW YACHTSMAN DR
STUART, FL 34997**

Mailing Address
**8094 SW YACHTSMAN DR
STUART, FL 34997**

FILED
Jun 16, 2008 08:00 AM
Secretary of State



06122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2376912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSKNECHT, TIMOTHY
8094 SW YACHTSMAN DR
STUART, FL 34997**

**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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/1/2008

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P.S
NAME	ROSSKNECHT, TIMOTHY
STREET ADDRESS	8094 SW YACHTSMAN DR
CITY- ST- ZIP	STUART, FL 34997
TITLE	VP
NAME	ROSSKNECHT, TIMOTHY L
STREET ADDRESS	8094 SW YACHTSMAN DR
CITY- ST- ZIP	STUART, FL 34997
TITLE	VP
NAME	ROSSKNECHT, RAYMOND G
STREET ADDRESS	8094 SW YACHTSMAN DR
CITY- ST- ZIP	STUART, FL 34997
TITLE	VP
NAME	ROSSKNECHT, MICHAEL J
STREET ADDRESS	8094 SW YACHTSMAN DR
CITY- ST- ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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06/16/08-80001-005 150.00

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/2008

DATE

712-528-8940

DAYTIME PHONE #