


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000118562 1. Entity Name COBIA GROUP, INC.	
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Principal Place of Business 500 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118	Mailing Address 500 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0570855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLARD, GARY L
500 N. OLEANDER AVENUE
DAYTONA BEACH, FL 32118

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALLARD, GARY L
STREET ADDRESS	500 N. OLEANDER AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	V
NAME	GEORGE, NICHOLAS A
STREET ADDRESS	500 N. OLEANDER AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	S
NAME	CONDORADIS, JOHN P
STREET ADDRESS	4 WEST TOWER CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T
NAME	CIRONE, ANTHONY
STREET ADDRESS	793 RIVERSIDE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GARY L. BALLARD 3/14/05 (886) 252-1697
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #