

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90149 036 ***150.00

0013640 AV

DOCUMENT # P02000118562

1. Entity Name
COBIA GROUP, INC.



Principal Place of Business
500 N. OLEANDER AVENUE
DAYTONA BEACH FL 32118

Mailing Address
500 N. OLEANDER AVENUE
DAYTONA BEACH FL 32118



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number
82-0570855

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003: Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary L. Ballard, President <input type="checkbox"/> Delete 500 N. Oleander Avenue Daytona Beach, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nicholas A. George, Vice President <input type="checkbox"/> Delete 500 N. Oleander Avenue Daytona Beach, Florida 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John P. Condorodis, Secretary <input type="checkbox"/> Delete 4 West Tower Circle Ormond Beach, Florida 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Cirone, Treasurer <input type="checkbox"/> Delete 793 Riverside Drive Ormond Beach, Florida 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Pres **DATE:** 4/29/07 **DAYTIME PHONE #:** (386) 253-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/02)