


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90045 015 \*\*\*150.00

<b>DOCUMENT # P02000124730</b>	
<b>1. Entity Name</b> COWART CORP.	

<b>Principal Place of Business</b> 3740 FENNER ROAD COCOA FL 32926	<b>Mailing Address</b> 3740 FENNER ROAD COCOA FL 32926
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<b>2. Principal Place of Business</b> Cocoa Cox Rd	<b>3. Mailing Address</b> Cocoa Cox Rd
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Cocoa FL	City & State Cocoa FL
Zip 32920 Country USA	Zip 32920 Country USA



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> COWART, LINDA A 3740 FENNER ROAD COCOA FL 32926	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 3900 Fenner Rd. City Cocoa FL Zip Code 32920
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COWART, GEORGE A		NAME	3900 Fenner Rd
STREET ADDRESS 3740 FENNER ROAD		STREET ADDRESS	Cocoa FL 32920
CITY-ST-ZIP COCOA FL 32926		CITY-ST-ZIP	
TITLE VSTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COWART, LINDA		NAME	3900 Fenner Rd
STREET ADDRESS 3740 FENNER ROAD		STREET ADDRESS	Cocoa FL 32920
CITY-ST-ZIP COCOA FL 32926		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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:**  **4-7-04** **321-630 5523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #