2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 06, 2004 8:00 am
Secretary of State
03-31-2004 90047 012 ***150.00

DOCUMENT # P03000003182

1. Entity Name
GIENA COBB, INC.

Principal Place of Business
13140 HAMILTON HARBOUR F-7
NAPLES FL 34110

Mailing Address
PO BOX 110863
NAPLES FL 34108-0115

MOORE CR2E034 (11/03)

2. Principal Place of Business: 5833 Whisperwood Blvd
Suite, Apt. #, etc.: 701
City & State: Naples FL
Zip: 34110 Country: US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 56-2314884 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

COBB, GIENA
13140 HAMILTON HARBOUR F-7
NAPLES FL 34110

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 ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COBB, GIENA	NAME	
STREET ADDRESS	PO BOX 11086	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108-0115	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: X Giena Cobb 3/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Giena Cobb 2/9/04

Attachment

Hensley & Company PA

Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

CPA
The CPA. Never Undersestimate The Value.®
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

July 15, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500-

RE: Giena Cobb, Inc.
Document # P03000003182

Dear Sirs:

Please find my client's Uniform Business Report along with a copy of the canceled check and the certified mail receipt. Please waive the penalty since the report was timely filed.

Thank you,

Respectfully,

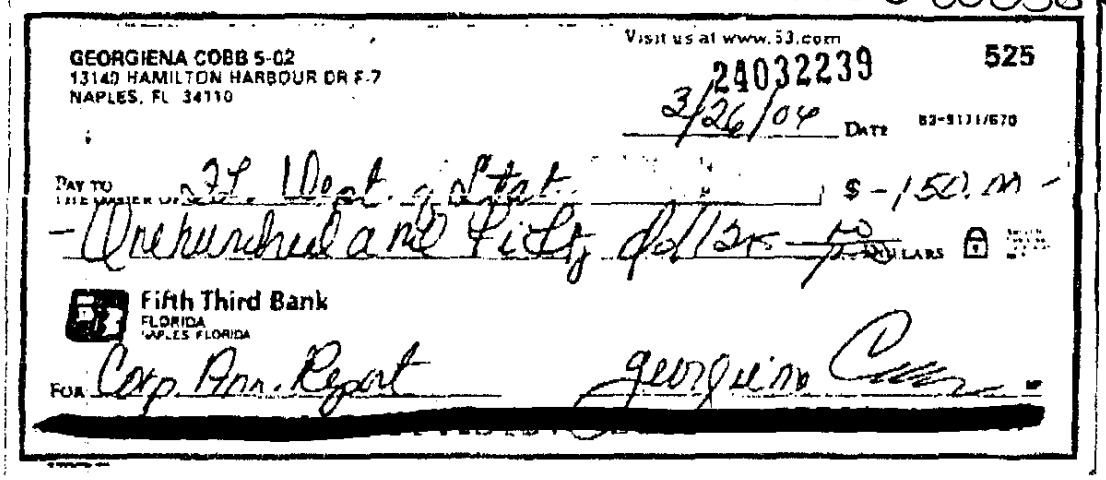
Margaret Lessard for

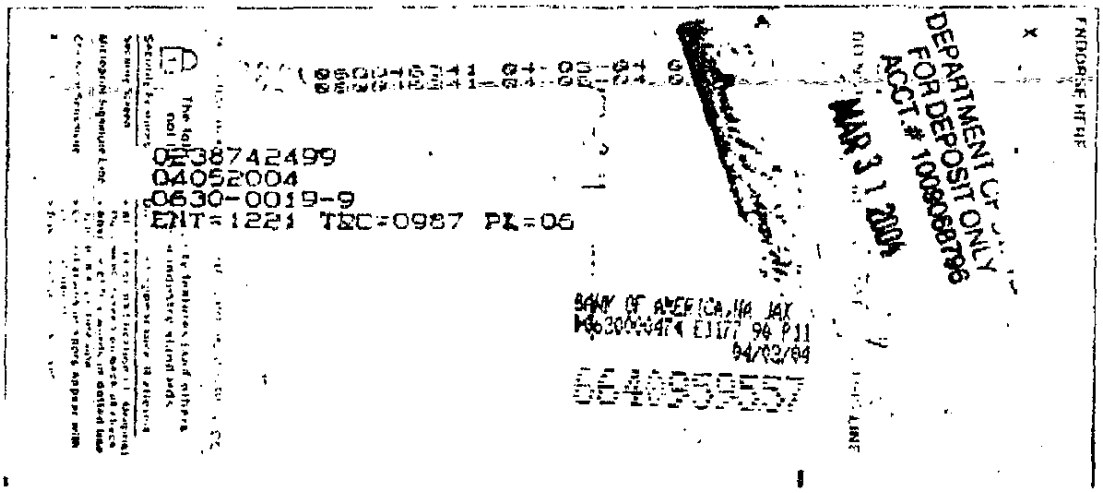
Neely Hensley
Hensley & Company, PA

10911 Bonita Beach Road, Pine Haven # 2081, Bonita Springs, FL 34135
Tel. 239. 992.6060 Fax 239. 992.9506 karey@hensley-co.net

Attachment 6643146

#P0380000586





Posting Date	2004 Apr 05
D/C	D
Amount	$150.00
Posting Check Number	525
Posting Account Number	32410207
Posting Seq Number	56046341
Tran Code	0
ABA/RT Number	6709171

Attachment
66431476
#PU360000003R2

Downtown Naples Post Office
Naples, Florida
341026706
1189290466-0096
03/29/2004 (239)403-9155 10:51:54 AM

Sales Receipt

Product Description	Sale Qty	Unit Price	Final Price
OGDEN UT 84201			$0.60
First-Class			
Return Receipt			$1.75
Certified			$2.30
Label Serial #:		70032260000576076379	
		Issue PVI:	$4.65
TALLAHASSEE FL 32399			$0.37
First-Class			
Return Receipt			$1.75
Certified			$2.30
Label Serial #:		70032260000576076362	
Customer Postage			-$0.37
Subtotal:			$4.05
		Issue PVI:	$4.05
TALLAHASSEE FL 32314			$0.37
First-Class			
Return Receipt			$1.75
Certified			$2.30
Label Serial #:		70032260000576076355	
Customer Postage			-$0.37
Subtotal:			$4.05
		Issue PVI:	$4.05
Total:			$12.75

Paid by:
MasterCard $12.75
Account # Exp.
XXXXXXXXXXXX2775 07/05
Approval #: 055145
Transaction #: 657
23 903570679

Bill#: 1000401556823
Clerk: 03

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

7004 0750 0000 6940 1261

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$0.37
Certified Fee	$2.30
Return Receipt Fee (Endorsement Required)	$1.75
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$4.42

0477
Postmark Here
APR 2004
04/14/200
COCONUT POINT STORE
NAPLES FL 34108-1929

Sent To: FL Dept of State
Street, Apt. No.; or PO Box No.: P.O. Box 327
City, State, ZIP+4: Tallahassee, FL

PS Form 3800, June 2002 See Reverse for Instructions