


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90319 019 ***150.00

DOCUMENT # P03000033561		
1. Entry Name COZAVA PROPERTIES, INC.		

Principal Place of Business 12659 NEW BRITTANY BLVD. FT. MYERS, FL 33907	Mailing Address 12659 NEW BRITTANY BLVD. FT. MYERS, FL 33907
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50044332

2. Principal Place of Business 8000 College Pkwy Suite, Apt. #, etc. 400 City & State Ft. Myers, FL Zip 33919 Country Lee	3. Mailing Address 8000 College Pkwy Suite, Apt. #, etc. 400 City & State Ft. Myers, FL Zip 33919 Country Lee
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04212005 Chg-P CR2E034 (10/03)

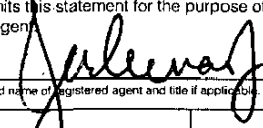
4. FEI Number
02-0681947
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent KEENAN, JOHN W JR 12659 NEW BRITTANY BLVD. FT. MYERS, FL 33907

7. Name and Address of New Registered Agent Name John W Keenan, Jr. Street Address (P.O. Box Number is Not Applicable) 8000 College Pkwy STE 400 City Ft. Myers FL Zip Code 33919
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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)

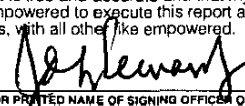
DATE: 4/20/05

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENAN, JOHN W JR 12659 NEW BRITTANY BLVD. FT. MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOOM, PETER W 12659 NEW BRITTANY BLVD. FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Deirdre Lewis 3152 Flamingo Drive Decatur, GA 30033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Drew Keenan 9922 Stockbridge Drive Tampa, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  DATE: 4/20/05 239-418-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #