

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 001 ***150.00

DOCUMENT # P03000033561

1. Entity Name
COZAVA PROPERTIES, INC.



Principal Place of Business
**8660 COLLEGE PKWY
400
FORT MYERS, FL 33919**

Mailing Address
**8660 COLLEGE PKWY
400
FORT MYERS, FL 33919**



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

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

City & State

City & State

Zip Country

Zip Country

01192006 Chg-P CR2E034 (11/05)

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
8660 COLLEGE PKWY
SUITE 400
FORT MYERS, FL 33919**

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 *John W. Keenan Jr.* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEENAN, JOHN W JR	
STREET ADDRESS	12659 NEW BRITTANY BLVD.	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, DEIRDRE	
STREET ADDRESS	3152 FLAMINGO DRIVE	
CITY-ST-ZIP	DECATUR, GA 30033	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNAN, DREW	
STREET ADDRESS	9922 STOCKBRIDGE DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Keenan Jr.	
STREET ADDRESS	8660 College Pkwy, Ste 400	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deirdre Lewis	
STREET ADDRESS	2054 Castleway Dr.	
CITY-ST-ZIP	Atlanta, GA 30345	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John W. Keenan Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 239-418-1313 Daytime Phone #