
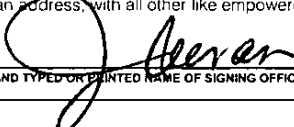


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90049 025 \*\*\*150.00

<b>DOCUMENT # P03000033561</b> 1. Entity Name <b>COZAVA PROPERTIES, INC.</b>					
Principal Place of Business <b>8660 COLLEGE PKWY 400 FORT MYERS, FL 33919</b>			Mailing Address <b>8660 COLLEGE PKWY 400 FORT MYERS, FL 33919</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>5800 ASHEVILLE HIGHWAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PISGAH FOREST, N.C</b>			
Zip	Country	Zip <b>28768</b>	Country <b>U.S</b>	4. FEI Number <b>02-0681947</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KEENAN, JOHN W JR 8660 COLLEGE PKWY SUITE 400 FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2-19-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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 KENNAN, DREW 9922 STOCKBRIDGE DRIVE TAMPA, FL 33626	<input checked="" 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 KEENAN, JOHN W 8660 COLLEGE PKWY., STE. 400 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	D. KEENAN, JOHN W 5800 ASHEVILLE HIGHWAY PISGAH FOREST, NC 28768	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DEIRDRE 2059 CASTLEWAY DR. ATLANTA, GA 30345	<input checked="" 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	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/19/08</b> Daytime Phone # <b>239-281-8937</b>		