2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90036 011 ***150.00

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1. Entity Name
THOMAS C. COBBLE, INC.

Principal Place of Business	Mailing Address
30 NINA JEAN DRIVE PALM BAY, FL 32904	30 NINA JEAN DRIVE PALM BAY, FL 32904

2. Principal Place of Business	3. Mailing Address
764 Tupelo Drive	764 Tupelo Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32935 Country: Brevard	Zip: 32935 Country: Brevard

4. FEI Number: 20-0136832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COBBLE, THOMAS C
30 NINA JEAN DR.
PALM BAY, FL 32904

7. Name and Address of New Registered Agent

Name: Cobble, Thomas C.
Street Address (P.O. Box Number Is Not Acceptable): 764 Tupelo Drive
City: Melbourne FL Zip Code: 32935

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: Thomas C. Cobble, Reg. Agent DATE: 02/27/06
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, 2006 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	DPST COBBLE, THOMAS C 30 NINA JEAN DRIVE PALM BAY, FL 32904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Cobble, Thomas C. 764 Tupelo Drive Melbourne, FL 32935	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COBBLE, MARTHA 30 NINA JEAN DRIVE PALM BAY, FL 32904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP Cobble, Martha 764 Tupelo Drive Melbourne, FL 32935	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Thomas C. Cobble, Director 02/27/06 321-795-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #