## FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # POY 0 000 6267 2 1. Entity Name The Cozy Coachman



## **FILED** Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90401 005 \*\*\*158.75

| DO NOT WRITE IN THIS SPACE   |                                     |                             |                                       | 20031921  |  |
|--|-------------------------------------|-----------------------------|---------------------------------------|---|--|
| 2. Principal Place of Business 1235 6627 6966 W  3. Mailing Address  |                                     |                             |                                       |   |  |
| Suite, Apt. #, etc.  |                                     |                             | CR2E034B (8/05)                       |   |  |
| City & State   | m FL                                |                             |                                       | 4. FEI Number Applied For Not Applicable  |  |
| Zip 4698   | Country                             | Zip                         | Country                               | 5. Certificate of Status Desired \$8.75 Additional Fee Required                     |  |
|  | (                                   |                             | Name                                  | 7. Name and Address of Current Registered Agent Name T ( )                          |  |
|  | DO NOT W<br>IN THIS SE              | _                           | Street Address                        | TP.O. Box Namber is Not Acceptable)  75 Lang Lake Wat                               |  |
|  | 5 <sup>1</sup> / <sub>2</sub> .     |                             | · City D                              | medin FL Zip Code 6 98  |  |
| 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  Signature, typed or printed name y registered agent at thile if applicable. (NOTE. Registered Agent signature required when reinstaling)  DATE |                                     |                             |                                       |   |  |
| January 1 - May 1 Fee / \$150.60 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State  |                                     |                             |                                       | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |  |
| 10.  | OFFICERS AND                        | DIRECTORS                   | 7771.5                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Ann Maria K.  1275 Luzy L  Dumachan | en dall<br>CL 246 98        | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |
| TITLE TAME STREET ADDRESS CITY-ST-ZIP  | real well                           | lo 11<br>Mar W<br>Ch 24 698 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                     |                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO-NOT-WRITE-   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                     |                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                     |                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                     |                             | TITLE NAME STREET ADDRESS 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 supplied with this failing does not quality for the exemption stated in Section 1950 (1971), included statutes. In 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Jeffrey H. Ken Ja 11 C

4-13-6

504-7826

## ATTACHMENT

20031921 #P0400062672

Barbara Suerth 4-11-06
is NOT

part of this corporation.

Enn han Kulden Pres: lut the Cozy Land man