

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90243 033 ***150.00

DOCUMENT # P04000089227

1. Entity Name
COZY REALTY, INC.



Principal Place of Business
**2261 BROOKSHIRE CIRCLE
WEST MELBOURNE, FL 32904**

Mailing Address
**P.O. BOX 788
ROSELAND, FL 32957**



2. Principal Place of Business
4650 Lipscomb St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Zip

32905

Country

Brevard

Zip

Country

03202006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2507021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COZAD, ZOILA A
2261 BROOKSHIRE CIRCLE
WEST MELBOURNE, FL 32904**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **P** ☐ Delete
NAME **COZAD, ZOILA A**
STREET ADDRESS **2261 BROOKSHIRE CIRCLE**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4650 Lipscomb Street, Suite 12**
CITY-ST-ZIP **Palm Bay FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zoila A. Cozad

3/20/06 (321) 508-5755

Daytime Phone #