


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90136 043 ***158.75

DOCUMENT # P04000115279

1. Entity Name
PATRICIA M COBB, PA



Principal Place of Business Mailing Address

**1086 N.E. 824 ST.
 OLD TOWN, FL 32680** **1086 N.E. 824 ST.
 OLD TOWN, FL 32680**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40050750



03302007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**DESAULNIER, GENEVIEVE E
 2003 ALMA DR
 WEST MELBOURNE, FL 32904**

*2612 ARABIAN Rd.
 BRANFORD FL.
 32008*

7. Name and Address of ~~Current~~ Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2612 ARABIAN Rd.

City *BRANFORD* **FL** Zip Code *32008*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, PATRICIA M	NAME	
STREET ADDRESS	1086 N.E. 824 ST.	STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN, FL 32680	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, DOUGLAS A	NAME	
STREET ADDRESS	1086 N.E. 824 ST.	STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN, FL 32680	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Patricia M Cobb P.A* **PATRICIA M. COBB** *4/12/07* *352-542-1215*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #