

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-14-2005 90086 006 150.00

P04000115965

DOCUMENT # P04000115965

1. Entity Name

COBB CRIMINAL DEFENSE LAW FIRM, P.A.



2005 JUL 28 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

381 SANTA ROSA BLVD.  
C102  
FORT WALTON BEACH FL 32548

Mailing Address

381 SANTA ROSA BLVD.  
C102  
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

20-1466119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBB, STEPHEN G  
381 SANTA ROSA BLVD  
C102  
FORT WALTON BEACH FL 32548

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | P                          | <input type="checkbox"/> Delete |
| NAME           | COBB, STEPHEN G            |                                 |
| STREET ADDRESS | 381 SANTA ROSA BLVD. C102  |                                 |
| CITY- ST- ZIP  | FORT WALTON BEACH FL 32548 |                                 |
| TITLE          | TR                         | <input type="checkbox"/> Delete |
| NAME           | COBB, STEPHEN G            |                                 |
| STREET ADDRESS | 381 SANTA ROSA BLVD. C102  |                                 |
| CITY- ST- ZIP  | FORT WALTON BEACH FL 32548 |                                 |
| TITLE          | SEC                        | <input type="checkbox"/> Delete |
| NAME           | COBB, STEPHEN G            |                                 |
| STREET ADDRESS | 381 SANTA ROSA BLVD. C102  |                                 |
| CITY- ST- ZIP  | FORT WALTON BEACH FL 32548 |                                 |
| TITLE          | VP                         | <input type="checkbox"/> Delete |
| NAME           | COBB, STEPHEN G            |                                 |
| STREET ADDRESS | 381 SANTA ROSA BLVD. C102  |                                 |
| CITY- ST- ZIP  | FORT WALTON BEACH FL 32548 |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY- ST- ZIP  |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY- ST- ZIP  |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY- ST- ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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:

*Stephen G Cobb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

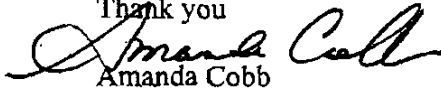
3/4/05

Daytime Phone #

To whom it may concern:

I Amanda Cobb did not receive a letter in the mail to return to you. I sent off our annual report notice on 1-6-05 and payment was sent in on 3-3-05 ck # 1204 in the amount of 150.00. I then received a notice of intent to dissolve and responded again on 7/8/05. I have not received anything more to have to pay the additional 400.00 fees you are wanting me to pay. If you have any questions please feel free to call me at 850-244-1625 or you can fax me at 850-244-1626.

Thank you

  
Amanda Cobb