


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Jan 27, 2006 08:00 AM  
Secretary of State  
1/24/05

<b>DOCUMENT # P04000115965</b>					
1. Entity Name <b>COBB CRIMINAL DEFENSE LAW FIRM, P.A.</b>					
Principal Place of Business <b>381 SANTA ROSA BLVD. C102 FORT WALTON BEACH FL 32548</b>			Mailing Address <b>381 SANTA ROSA BLVD. C102 FORT WALTON BEACH FL 32548</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1466119</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>COBB, STEPHEN G 381 SANTA ROSA BLVD C102 FORT WALTON BEACH FL 32548</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> <b>9. Election Campaign Financing</b>  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
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"/> Add
NAME	COBB, STEPHEN G		NAME		
STREET ADDRESS	381 SANTA ROSA BLVD. C102		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	COBB, STEPHEN G		NAME		
STREET ADDRESS	381 SANTA ROSA BLVD. C102		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	COBB, STEPHEN G		NAME		
STREET ADDRESS	381 SANTA ROSA BLVD. C102		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	COBB, STEPHEN G		NAME		
STREET ADDRESS	381 SANTA ROSA BLVD. C102		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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"/> Add
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 Section 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

1/24/05

Date

Daytime Phone #

850-244-1637