

2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Sep 14, 2005 8:00 am
Secretary of State

08-11-2005 90006 002 ***150.00

DOCUMENT # P04000152396 1. Entity Name COHAGEN REAL ESTATE & HOLDINGS, INC.																																																																																																													
Principal Place of Business 3419 STEARNS ROAD VALRICO, FL 33594		Mailing Address 3419 STEARNS ROAD VALRICO, FL 33594																																																																																																											
2. Principal Place of Business <i>Plant City</i>		3. Mailing Address <i>4703 Schrieber Court</i>																																																																																																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																											
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6. Name and Address of Current Registered Agent COHAGEN, DONALD L III 3419 STEARNS ROAD VALRICO, FL 33594				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____																																																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P COHAGEN, DONALD L III</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3419 STEARNS ROAD</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO, FL 33594</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Delete <input type="checkbox"/></td> <td colspan="2" style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Delete <input type="checkbox"/></td> <td colspan="2" style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Delete <input type="checkbox"/></td> <td colspan="2" style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Delete <input type="checkbox"/></td> <td colspan="2" style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Delete <input type="checkbox"/></td> <td colspan="2" style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P COHAGEN, DONALD L III	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS	3419 STEARNS ROAD	STREET ADDRESS		CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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: <i>Donald L III Cohagen</i> Pres 8/1/05 813-267-0086 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																													

66027343



07152005 Chg-P CR2E034 (10/03)

4. FEL Number **34-2022965** Applied For ☐ Not Applicable ☐

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