


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90003 003 ***150.00

DOCUMENT # P04000154173 1. Entity Name COBES WOODWORK, INC.	
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Principal Place of Business 425 INTERSTATE COURT SARASOTA, FL 34240	Mailing Address 425 INTERSTATE COURT SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE

40119207



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1874740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

IACOBESCU, NICU
425 INTERSTATE COURT
SARASOTA, FL 34240

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IN THIS SPACE**

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 NICU IACOBESCU Nyckun 5/22/07
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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IACOBESCU, NICU 14219 GNATCATHER TERRACE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 reports 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: Nyckun 5/22/07 941 447 8653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #