


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 026 ***150.00

DOCUMENT # P04000158720 1. Entity Name COZMO THE SCHOOL, INC.					
Principal Place of Business 9230 BROOKWOOD CT. BONITA SPRINGS, FL 34135			Mailing Address 9230 BROOKWOOD CT. BONITA SPRINGS, FL 34135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMCZYK, PAMELA J 9230 BROOKWOOD CT. BONITA SPRINGS, FL 34135				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
-FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ADAMCZYK, KYLE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7935 AIRPORT PULLING RD. N. STE. 8		NAME		
STREET ADDRESS	NAPLES, FL 34109		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD ADAMCZYK, JOHN M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7935 AIRPORT PULLING RD. N. STE. 8		NAME		
STREET ADDRESS	NAPLES, FL 34109		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD ADAMCZYK, PAMELA J <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2700 CYPRESS TRACE CIRCLE #3129		NAME	ADAMCZYK, PAMELA J.	
STREET ADDRESS	NAPLES, FL 34119		STREET ADDRESS	15761 MARCELLO CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VD ADAMCZYK, MARK E <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2700 CYPRESS TRACE CIRCLE #3129		NAME	ADAMCZYK, MARK E.	
STREET ADDRESS	NAPLES, FL 34119		STREET ADDRESS	15761 MARCELLO CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
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: <i>Pamela Cadyk</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/6/06 239-495-1810 <small>Date Daytime Phone #</small>		