

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # P05000091676

1. Entity Name

COBIA PARTNERS, INC.



Principal Place of Business

3423 COBIA DR.
HERNANDO BEACH FL 34607

Mailing Address

3423 COBIA DR.
HERNANDO BEACH FL 34607



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **20-3065233**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, KATHLEEN
3423 COBIA DR.
HERNANDO BEACH FL 34607

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

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
After May 1, 2007 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 NAME	PD MOORE, KATHLEEN	<input type="checkbox"/> Delete
STREET ADDRESS	3423 COBIA DR.	
CITY-STATE-ZIP	HERNANDO BEACH FL 34607	
TITLE NAME	VD MOORE, RUSSELL	<input type="checkbox"/> Delete
STREET ADDRESS	3423 COBIA DR.	
CITY-STATE-ZIP	HERNANDO BEACH FL 34607	
TITLE NAME	SD DEVINNY, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	130 W. 36TH ST.	
CITY-STATE-ZIP	LONG BEACH CA 90807	
TITLE NAME	TD BLUML, ELIZABETH	<input type="checkbox"/> Delete
STREET ADDRESS	130 W. 36TH ST.	
CITY-STATE-ZIP	LONG BEACH CA 90807	
TITLE NAME	D CLIFFORD, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS	6475 SHORE LINE DR., APT. 5405	
CITY-STATE-ZIP	ST. PETERSBURG FL 33708	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000667924
CITY-STATE-ZIP	03/27/07-80010-001 150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-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

Date

Daytime Phone #

[Signature] 1108

3/20/07

562
537-7796