

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
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**



02242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOORE, KATHLEEN
STREET ADDRESS 3423 COBIA DR.
CITY-ST-ZIP HERNANDO BEACH, FL 34607

TITLE VD
NAME MOORE, RUSSELL
STREET ADDRESS 3423 COBIA DR.
CITY-ST-ZIP HERNANDO BEACH, FL 34607

TITLE SD
NAME DEVINNY, JOSEPH
STREET ADDRESS 130 W. 36TH ST.
CITY-ST-ZIP LONG BEACH, CA 90807

TITLE TD
NAME BLUML, ELIZABETH
STREET ADDRESS 130 W. 36TH ST.
CITY-ST-ZIP LONG BEACH, CA 90807

TITLE D
NAME CLIFFORD, KEVIN
STREET ADDRESS 6475 SHORE LINE DR., APT. 5405
CITY-ST-ZIP ST. PETERSBURG, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000872683
04/10/08-80047-017 150.00

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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 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

ELIZABETH BLUML

3/4/08

562-537-7796

Date

Daytime Phone #