

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90237 020 ***150.00

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01032007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000104842 1. Entity Name ALLEN COBB INTERIORS, INC.					
Principal Place of Business 5115 FAIRWAY ONE DRIVE VALRICO, FL 33594 US			Mailing Address 5115 FAIRWAY ONE DRIVE VALRICO, FL 33594 US		
2. Principal Place of Business - No P.O. Box # 1524 E. Bloomingdale Ave Suite, Apt. #, etc.		3. Mailing Address 1524 E. Bloomingdale Ave Suite, Apt. #, etc.			
City & State Valrico FL		City & State Valrico FL		4. FEI Number 14-1934647	
Zip 33594		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COBB, ALLEN E 5115 FAIRWAY ONE DRIVE VALRICO, FL 33594				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	P COBB, ALLEN E 5115 FAIRWAY ONE DRIVE VALRICO, FL 33594		<div style="text-align: right;"><input type="checkbox"/> Delete</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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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: <u>Allen Cobb, Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				813-653-3765 <small>Date Daytime Phone #</small>	