

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90111 027 ***150.00

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1. Entity Name

COZZA INVESTMENT GROUP INC.



Principal Place of Business

12660 WORLD PLAZA LANE
FORT MYERS, FL 33907

Mailing Address

12660 WORLD PLAZA LANE
FORT MYERS, FL 33907



01102007 No Chg-P CR2E034 (11/05)

- DO NOT WRITE IN THIS SPACE -

4. FEI Number

56-2549622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, RICHARD M
1629 SW 4TH PLACE
CAPE CORAL, FL 33991

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME EDWARDS, RICHARD M
STREET ADDRESS 1629 SW 4TH PLACE
CITY - ST - ZIP CAPE CORAL, FL 33991

TITLE D
NAME EDWARDS, RICHARD M
STREET ADDRESS 1629 SW 4TH PLACE
CITY - ST - ZIP CAPE CORAL, FL 33991

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #