

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90055 005 \*\*\*150.00

60029072



<b>DOCUMENT # P06000016512</b> 1. Entity Name <b>COBB DEPOT, INC.</b>					
Principal Place of Business <b>4237 NW 7TH PLACE DEERFIELD BEACH, FL 33442 US</b>			Mailing Address <b>4237 NW 7TH PLACE DEERFIELD BEACH, FL 33442 US</b>		
2. Principal Place of Business - No P.O. Box # <b>295 Goolsby Blvd Deerfield Beach, FL 33442</b>		3. Mailing Address <b>295 Goolsby Blvd Deerfield Beach, FL 33442</b>		03062007    Chg-P    CR2E034 (12/06)	
Zip    Country		Zip    Country		4. FEI Number <b>204227898</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HOLLOWAY, CHRISTOPHER 4237 NW 7TH PLACE DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>Holloway, Christopher</b> Street Address (P.O. Box Number is Not Acceptable) <b>295 Goolsby Blvd</b> City <b>Deerfield Beach, FL 33442</b> 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     (NOTE: Registered Agent signature required when reinstating)    DATE <b>3/21/07</b>					
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"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLOWAY, CHRISTOPHER 4237 NW 7 PLACE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOLLOWAY, MARIE 4237 NW 7 PLACE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 duly empowered.					
SIGNATURE:     DATE <b>3/21/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					