

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90234 035 ***150.00

DOCUMENT # P06000104111

1. Entity Name
DAVID F. COHEN, INC.



Principal Place of Business
**5200-C NEWBERRY ROAD
GAINESVILLE, FL 32607**

Mailing Address
**5200-C NEWBERRY ROAD
GAINESVILLE, FL 32607**

60043455



2. Principal Place of Business - No P.O. Box #
533 SW 128th Terr
Suite, Apt. #, etc.

3. Mailing Address
533 SW 128th Terr
Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State
Newberry, FL
Zip **32669** Country

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Newberry, FL
Zip **32669** Country

4. FEI Number
20-5484410
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TONEY, AARON S
804 NORTHWEST 16TH AVENUE
SUITE B
GAINESVILLE, FL 32601**

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**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COHEN, DAVID F**
STREET ADDRESS **5200-C NEWBERRY ROAD**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Cohen, David F.**
STREET ADDRESS **533 SW 128th Terr**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Daytime Phone #