


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90019 001 ***300.00

DOCUMENT # P93000008545	
1. Entity Name COBB AND ASSOCIATES, INC.	

Principal Place of Business 1990 W NEW HAVEN AVE S-203 MELBOURNE, FL 32904	Mailing Address 1990 W NEW HAVEN AVE S-203 MELBOURNE, FL 32904
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66400114

2. Principal Place of Business 7630 N. Wickham Rd Suite, Apt. #, etc. Suite 103	3. Mailing Address P O Box 411355 Suite, Apt. #, etc.
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City & State Melbourne, FL	City & State Melbourne FL	4. FEI Number 59-3170246	Applied For Not Applicable
Zip 32940	Country Brevard	Zip 32941-355	Country Brevard



01072004 Chg-P CR2E034 (10/03)

6- Name and Address of Current Registered Agent COBB, MARK 1990 W NEW HAVEN AVE S-203 MELBOURNE, FL 32904		7- Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7630 N. Wickham Rd Suite 103 City Melbourne FL Zip Code 32940	
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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 Mark C Cobb [Signature] DATE 1-12-04

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D COBB MARK, 1990 W NEW HAVEN AVE, S-203 MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark C Cobb [Signature] DATE 1-12-04 Daytime Phone # 321-984-3270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR