

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Aug 02, 2007 08:00 AM**  
**Secretary of State**

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000017973</b>                  |  |
| 1. Entity Name<br><b>COGA ENTERPRISES, INC.</b> |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>518 HERMAN STREET<br/>JACKSONVILLE, FL 32254 US</b> | Mailing Address<br><b>518 HERMAN STREET<br/>JACKSONVILLE, FL 32254 US</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|



07182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>74-2736159</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                               |                                   |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>HOUSER, GARY L<br/>9555 DARBYTOWN LN<br/>JACKSONVILLE, FL 32222</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

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 \_\_\_\_\_ U000000771269  
08/02/07-80005-004 150.00  
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  
Due by September 14, 2007**

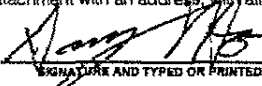
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                         |                                                                         |
|----------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PCEO<br>HOUSER, GARY L<br>9555 DARBYTOWN LN<br>JACKSONVILLE, FL 32222   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VCFO<br>HALBERT, LARRY E<br>5540 MILMAR DR S.<br>JACKSONVILLE, FL 32207 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |

**DO NOT WRITE IN THIS SPACE**

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:**  **Gary L. Houser** 7-18-07 904-981-9502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #