2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000061157

1. Entity Name
COGEN ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
5421 BAYSIDE DRIVE ORLANDO, FL 32819 US	P O BOX 811 WINDERMERE, FL 34786 US

DO NOT WRITE IN THIS SPACE

02172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3273419	Not Applicable

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

6. Name and Address of Current Registered Agent

CLOUSE, ROBERT G
5421 BAYSIDE DR
ORLANDO, FL 32819

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CLOUSE, ROBERT G P.E.
STREET ADDRESS	5421 BAYSIDE DR
CITY-ST-ZIP	ORLANDO, FL 32819

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03/09/06-80059-007 150.00

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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: _Robt G. Clouse_   2/17/06   (407) 876-6952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #