## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 08:00 A Secretary of State

DOCUMENT # P94000061157  1. Entity Name COGEN ASSOCIATES, P.A.				Secretary of St		
Principal Place of Business Mailing Address 5421 BAYSIDE DRIVE P 0 BOX 811 ORLANDO, FL 32819 US WINDERMERE, FL 34786 US				T L centilent file titlle oten deriv brikk oten brikk blikk tille bilak kilol kanal oluh kilologi is kens		
			02292008 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For		
			, , ,	59-3273419   Not Applicable   5. Certificate of Status Desired   \$8.75 Additional		
	6. Name and Address of Current Register	<u>ti 🤧 i i i i i i i i i i i i i i i i i i</u>		7. % •	Fe	e Required
5421 BAY	ROBERT G				T WRITE S 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 s				d when reinstating)	DATE	
Fil. After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		
10. TITLE	OFFICERS AND DIRECTO	DRS	γ - ÷			
NAME STREET ADDRESS CITY-ST-ZIP	CLOUSE, ROBERT G P.E. 5421 BAYSIDE DR ORLANDO, FL 32819					
TITLE NAME STREET ADDRESS					U00000855897 27/08-80070-0	011,150,00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
TITLE NAME STREET ADDRESS 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 refleiver 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

3-10-08

(407)876.695Z

Daytime Phone #