

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000051368

1. Entity Name
COSMARC, INC.



Principal Place of Business
687 ALDERMAN ROAD
SUITE 110
PALM HARBOR, FL 34683

Mailing Address
687 ALDERMAN ROAD
SUITE 110
PALM HARBOR, FL 34683

FILED
Jun 18, 2008 08:00 AM
Secretary of State



06062008 No Chg-P CR2E034 (11/05)

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4. FEI Number
58-1868960

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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	PD
NAME	COSSABOON, JULIA D
STREET ADDRESS	687 ALDERMAN ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VSTD
NAME	COSSABOON, DOUGLAS M
STREET ADDRESS	687 ALDERMAN ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000953189
06/18/08-80001-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #