2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/1/2005-90009-044-$150.00-$150.00

DOCUMENT # P99000048865

1. Entity Name

COOZAK, INC.

05 MAY 12 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/04) 05

Principal Place of Business	Mailing Address
17171 S TAMIAMI TRL FORT MYERS FL 33905	17171 S TAMIAMI TRL FORT MYERS FL 33905

2. Principal Place of Business	3. Mailing Address
18092 S Tamiami tr	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State FT Myers FL	City & State
Zip 33908 Country LEE	Zip Country

4. FEI Number 65-0926246 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEARY, THOMAS J 9180 PINEAPPLE RD. FT. MYERS FL 33912	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Jeanne Neary T Thomas

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD NEARY, THOMAS J 9180 PINEAPLE RD FORT MYERS FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 17281 MALAGA rd FT MYERS, FL 33910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEARY, JEANNE 9180 PINEAPPLE RD FORT MYERS FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Same.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____

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

13