


FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 001 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000048865 1. Entity Name COOZAK, INC.	
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Principal Place of Business 18092 S. TAMiami TRAIL FORT MYERS, FL 33908	Mailing Address 18092 S. TAMiami TRAIL FORT MYERS, FL 33908
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40116950



05062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0926246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEARY, THOMAS J 9180 PINEAPPLE RD. FT. MYERS, FL 33912 <i>Wrong address</i> <i>18092 S. Tamiami trail</i> <i>Ft Myers, FL 33908</i>
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**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 _____ (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY- ST- ZIP	PD NEARY, THOMAS J 17281 MALARA ROAD FORT MYERS, FL 33910
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD NEARY, JEANNE 9180 PINEAPPLE RD FORT MYERS, FL 33912
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TITLE NAME STREET ADDRESS 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:

Jeannie Neary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/07 *839 910-4297*
Date Daytime Phone