



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90135 027 ****61.25

DOCUMENT # N07000011380					
1. Entity Name CO K 28TH GA INF INC					
Principal Place of Business 6497 ALLEGHENY AV COCOA, FL 32927 US			Mailing Address 6497 ALLEGHENY AV COCOA, FL 32927 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1473608	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HACKEL, DAVID H 6497 ALLEGHENY AVE COCOA, FL 32927				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HACKEL, DAVID H		NAME		
STREET ADDRESS	6497 ALLEGHENY AV		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIDDLER, JEFF		NAME		
STREET ADDRESS	2121 WILLOW OAK DR		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLEAN, JOHN		NAME		
STREET ADDRESS	13918 SW 128 AV		STREET ADDRESS		
CITY-ST-ZIP	ARCHER, FL 32618		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLEISCHMAN, FRANK L		NAME	TREASURER	
STREET ADDRESS	557 LAKE COMO DR		STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK, FL 32181		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANNAH, ALICIA		NAME	SEC	
STREET ADDRESS	5287 INTERNATIONAL AV		STREET ADDRESS	FLEISCHMAN, MICHAEL	
CITY-ST-ZIP	MIMS, FL 32754		STREET ADDRESS	557 LAKE COMO DR	
CITY-ST-ZIP			CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYONS, ANN		NAME		
STREET ADDRESS	PO BOX 350815		STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND, FL 32735		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 receiver or trustee empowered to execute this report as required by Chapter 617, 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: 			Date: 4/30/08 386-328-9098		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		