

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001421

1. Entity Name

LA MISSION, INC.



Principal Place of Business

5015 BAGGETT PLACE
COCOA FL 32926

Mailing Address

5015 BAGGETT PLACE
COCOA FL 32926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3413937

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

SWANN, ROBERT E
5015 BAGGETT PLACE
COCOA FL 32926

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME SD
STREET ADDRESS SWANN, JOSEPH A
CITY-ST-ZIP 4951 ECSTASY CIRCLE
COCOA FL 32926

TITLE ☐ Delete
NAME VD
STREET ADDRESS SHROPSHIRE, MARK
CITY-ST-ZIP 4645 ALAN SHEPPARD AVE
COCOA FL 32926

TITLE ☐ Delete
NAME MSD
STREET ADDRESS SWANN, SILVANE E
CITY-ST-ZIP 5015 BAGGETT PLACE
COCOA FL 32926

TITLE ☐ Delete
NAME PMD
STREET ADDRESS SWANN, ROBERT E
CITY-ST-ZIP 5015 BAGGETT PLACE
COCOA FL 32926

TITLE ☐ Delete
NAME TD
STREET ADDRESS HOSKINS, PAUL
CITY-ST-ZIP 445 ALBATROSS STREET
MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME D
STREET ADDRESS FUNKHOUSER, REICH
CITY-ST-ZIP 2345 JASON ST.
MERRITT ISLAND FL 32952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

U000000040566
02/09/04-80053-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert E. Swann* Robert E. Swann

02/05/04 (321) 632-1927