

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 266231**

1. Entity Name  
**CAPE CANAVERAL OFFICE CENTER, INC.**



Principal Place of Business  
**8680 NORTH ATLANTIC AVE.  
P. O. BOX 204  
CAPE CANAVERAL, FL 32920**

Mailing Address  
**8680 NORTH ATLANTIC AVE.  
P. O. BOX 204  
CAPE CANAVERAL, FL 32920**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1050365**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**STOTTLER RICHARD H  
8680 N. ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920**

**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

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

(NOTE: Registered Agent signature required when retitling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	STOTTLER, RICHARD H
STREET ADDRESS	1102 S BREVARD
CITY-ST-ZIP	COCOA BEACH, FL 00000,

TITLE	DVS
NAME	DEEVERS, JUDY
STREET ADDRESS	8680 N. ATLANTIC AV E.
CITY-ST-ZIP	CAPE CANAVERAL, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1100000336250  
04/27/05-80118-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 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

4/22/05

Date

321-783-1320

Daytime Phone #