


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 444586 1. Entity Name COCOA BAY CORP.	
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Principal Place of Business 100 RIVERSIDE DRIVE 904 A COCOA, FL 32922	Mailing Address 100 RIVERSIDE DRIVE 904 A COCOA, FL 32922
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1511335	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PLIS, EDWARD 3750 OAKHILL DRIVE TITUSVILLE, FL 32781	DO NOT WRITE IN THIS SPACE
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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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, PHYLLIS CLIFTON 100 RIVERSIDE DR., 904 A COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLIS, EDWARD 3750 OAKHILL DRIVE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLIFTON, MARK A 770 CLEARLAKE ROAD COCOA, FL 329225209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000179394
01/13/05-80015-025 150.00

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)(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

1-10-05

Date

321-632-5016

Daytime Phone #