


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 444586
 1. Entity Name
 COCOA BAY CORP.



Principal Place of Business _____ Mailing Address _____
 100 RIVERSIDE DRIVE 100 RIVERSIDE DRIVE
 904 A 904 A
 COCOA, FL 32922 COCOA, FL 32922

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)
 4. FEI Number 59-1511335 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PLIS, EDWARD
 3750 OAKHILL DRIVE
 TITUSVILLE, FL 32781

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | |

100000179394
 01/13/05-80015-025 150.00

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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)(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: Phyllis C. Rice, Pres 1-10-05 321-632-5016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #