

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 637041**

1. Entity Name  
5500 NORTH CORP.



Principal Place of Business  
5500 N ATLANTIC AVE  
COCOA BEACH, FL 32931

Mailing Address  
5500 N ATLANTIC AVE  
COCOA BEACH, FL 32931



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1953019

Applied For  
Not Applicable

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

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

DOBSON, ROGER W  
5500 N ATLANTIC AVE  
COCOA BEACH FL, FL

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	RISLEY, FRANCES S
STREET ADDRESS	3060 N ATLANTIC AVE
CITY-ST-ZIP	COCOA BCH, FL 00000,
TITLE	PD
NAME	DOBSON, ROGER W
STREET ADDRESS	5500 NORTH ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	SD
NAME	BJERNING, EUGENE K
STREET ADDRESS	5500 NORTH ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000905337  
05/01/08-60051-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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

ROGER W. DOBSON

4/15/08 (321) 784.2550

Date

Daytime Phone #