

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F00000001238

1. Entity Name  
COCOA FORD, INC.



2008 OCT 20 AM 9:52

Principal Place of Business  
1360 WEST KING STREET  
COCOA, FL 32922

Mailing Address  
1360 WEST KING STREET  
COCOA, FL 32922

FLORIDA STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-3630656

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V  
NAME WOLF, A M  
STREET ADDRESS 1765 SITTING DOWN DRI  
CITY-ST-ZIP ROSWELL, GA 30075

TITLE  
NAME  
STREET ADDRESS 800137087248  
CITY-ST-ZIP 10/20/08--01057--010 \*\*\$1.25

TITLE V  
NAME SIMMONS, A J  
STREET ADDRESS 25147 STONEYCROFT DRIVE  
CITY-ST-ZIP SOUTHFIELD, MI 48126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME MARTIN, WAYNE  
STREET ADDRESS 1111 WILD FLOWER DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST  
NAME BAXLEY, LAURA A  
STREET ADDRESS 130 POSSUM INN LANE  
CITY-ST-ZIP ROCKLEDGE, FL 32956

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME DURBIN, P L  
STREET ADDRESS 605 BARRINGTON WAY  
CITY-ST-ZIP ROSWELL, GA 30076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME HILL, T L  
STREET ADDRESS 1455 LINCOLN PARKWAY, STE. 450  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE AS  
NAME C. L. WIGHT  
STREET ADDRESS 1455 LINCOLN PARKWAY SUITE 450  
CITY-ST-ZIP ATLANTA, GA 30346

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

10/15/08

Date

Daytime Phone #

321-632-2222

11.

Title - Director

Name - SCOTT MAJERCIK

Street Address - 12347 W. 128<sup>th</sup> Terrace

City, St, ZIP - Overland Park, KS 66062

✓ Addition