

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001238

Entity Name: COCOA FORD, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

1360 WEST KING STREET
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1360 WEST KING STREET
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3630656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WOLF, A M
Address: 1765 SITTING DOWN DRI
City-St-Zip: ROSWELL, GA 30075

Title: V () Delete
Name: SIMMONS, A J
Address: 25147 STONEYCROFT DRIVE
City-St-Zip: SOUTHFIELD, MI 48126

Title: P () Delete
Name: MARTIN, WAYNE
Address: 1111 WILD FLOWER DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VST () Delete
Name: BAXLEY, LAURA A
Address: 130 POSSUM INN LANE
City-St-Zip: ROCKLEDGE, FL 32956

Title: AS () Delete
Name: DURBIN, P L
Address: 605 BARRINGTON WAY
City-St-Zip: ROSWELL, GA 30076

Title: AS () Delete
Name: WIGHT, C L
Address: 1455 LINCOLN PARKWAY, STE. 450
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA BAXLEY

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date