

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90014 048 \*\*\*150.00

**DOCUMENT # M51978**

1. Entity Name

DAVID V. LOCOCO, P.A.



Principal Place of Business

Mailing Address

~~4709 MAINLAND DR~~  
~~TAMARAC FL 33319~~  
~~US~~

48 Tennessee Ave.  
Merritt Island FL  
32953

~~4709 MAINLAND DR~~  
~~TAMARAC FL 33319~~  
~~US~~



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

48 Tennessee, Ave

3. Mailing Address

(Same)

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Merritt Island, FL

City & State

4. FEI Number

59-2800811

Applied For

Not Applicable

Zip

32953

Country

Brevard

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

LOCOCO, DAVID V., ESQ.  
4709 MAINLAND DR  
TAMARAC FL 33319

Name LOCOCO, DAVID V. ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
48 Tennessee Ave.

City

Merritt Island

FL

Zip Code

32953

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

*David V. Lococo*

David V. Lococo

3-24-08

Signature typed or printed (Name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCOCO, DAVID V.	
STREET ADDRESS	4709 MAINLAND DR	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lococo, David V.	
STREET ADDRESS	48 Tennessee Ave.	
CITY-ST-ZIP	Merritt Island, FL 32953	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*David V. Lococo*

David V. Lococo

3-24-2008

321-453-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #