


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 Av. ~~4709 MAINLAND DR TAMARAC FL 33319 US~~
 Merritt Island FL 32953 (Same)



2. Principal Place of Business - No P.O. Box #
 48 Tennessee, Ave
 Suite, Apt. #, etc.

3. Mailing Address
 (Same)
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 Merritt Island, FL

City & State
 (Same)

Zip Country
 32953 Brevard

Zip Country
 (Same)

4. FEI Number
 59-2800811

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOCOCO, DAVID V., ESQ.
 4709 MAINLAND DR
 TAMARAC FL 33319

7. Name and Address of New Registered Agent
 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 state 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
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOCOCO, DAVID V. 4709 MAINLAND DR TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #