

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90205 018 ***150.00

DOCUMENT # P01000036084	
1. Entity Name SPACE COAST HOSPITALITY MANAGEMENT SERVICES, INC.	
Principal Place of Business P.O. BOX 321534 COCOA BEACH, FL 32932	Mailing Address P.O. BOX 321534 COCOA BEACH, FL 32932



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3708950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BURKE, MATTHEW T CPA
503 N. ORLANDO AVE
#106
COCOA BEACH, FL 32932**

**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, 2007 Fee will be \$550.00**

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	D PARSONS, WILLIAM ROGER 3550 N. ATLANTIC AVE COCOA BEACH, FL 32932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, DONNA MARIE 3550 N. ATLANTIC AVE COCOA BEACH, FL 32932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, TRACIE LYNN 3550 N. ATLANTIC AVE COCOA BEACH, FL 32932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT OAKLEY 3550 N Atlantic Cocoa Beach, FL 32932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Date

Daytime Phone #

Tracie Collins *SCHS Secretary* *2/28/07* *321-323*
5007