


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012036 1. Entity Name COCOA VILLAGE PARTNERS, INC.					
Principal Place of Business 4650 RAYBURN ROAD COCOA FL 32926			Mailing Address 4650 RAYBURN ROAD COCOA FL 32926		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 82-0538851 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 GLOVER, MARLA 4650 RAYBURN ROAD COCOA FL 32926	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD GLOVER, MARLA STREET ADDRESS 4650 RAYBURN ROAD CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Delete	TITLE	NAME GLOVER, MARLA STREET ADDRESS 4650 RAYBURN ROAD CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD GLOVER, ROBERT A STREET ADDRESS 4650 RAYBURN ROAD CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Delete	TITLE	NAME GLOVER, ROBERT A STREET ADDRESS 4650 RAYBURN ROAD CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD ZWICK, JOHN C STREET ADDRESS WILD PINE ROAD CITY-ST-ZIP MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE	NAME ZWICK, JOHN C STREET ADDRESS WILD PINE ROAD CITY-ST-ZIP MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD ROOD, JACK J STREET ADDRESS 4155 S TROPICAL TR CITY-ST-ZIP MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE	NAME ROOD, JACK J STREET ADDRESS 4155 S TROPICAL TR CITY-ST-ZIP MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/04)

4. FEI Number **82-0538851**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GLOVER, MARLA
4650 RAYBURN ROAD
COCOA FL 32926**

7. Name and Address of New Registered Agent

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.

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10. OFFICERS AND DIRECTORS

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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 U000000288082 STREET ADDRESS 04/04/05-80094-013 CITY-ST-ZIP 150.00	<input 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 exemption stated in Section 119.07(3)(i), 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:  **JACK J. ROOD, TREASURER** 4-1-05 321-6039
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #