



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000023925</b> 1. Entity Name COCOA VILLAGE PUBLISHING, INC.			
Principal Place of Business 415 BREVARD AVENUE COCOA, FL 32922		Mailing Address 415 BREVARD AVENUE COCOA, FL 32922	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		03162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 04-3611470	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			
PRUETT, DEBRA C 415 BREVARD AVENUE COCOA, FL 32922		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/04/04-80169-012 150.00
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	PRUETT, DEBRA C		
STREET ADDRESS	415 BREVARD AVENUE		
CITY-ST-ZIP	COCOA, FL 32922		
TITLE			
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Debra C. Pruett</i>		President 4/28/04 321-633 4990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Days/Time Phone #	