

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000024396

1. Entity Name  
VOCA REALTY, INC.



Principal Place of Business  
250 MIRROR LAKE DR  
ST. PETERSBURG, FL 33701

Mailing Address  
250 MIRROR LAKE DR  
ST. PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DOBBS, ROBERT L  
250 MIRROR LAKE DR. N.  
ST. PETERSBURG, FL 33701

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000392449  
01/24/06-80082-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME VAUGHN, GLENN C  
STREET ADDRESS 801 6TH ST. S.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE D  
NAME OROBELLO, PETER W  
STREET ADDRESS 801 6TH ST. S.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE D  
NAME CRESSMAN, WADE R  
STREET ADDRESS 801 6TH ST. S.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE D  
NAME ANDREWS, THOMAS M  
STREET ADDRESS 801 6TH ST. S.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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 #

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
01-0705973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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1-17-06 813-490-6100