

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096176

FILED  
Feb 11, 2005  
Secretary of State

Entity Name: COCOA VILLAGE ANTIQUE MALL, INC.

## Current Principal Place of Business:

% 881 YORKTOWNE DRIVE  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

105 BREVARD AVE.  
COCOA, FL 32922

## Current Mailing Address:

% 881 YORKTOWNE DRIVE  
ROCKLEDGE, FL 32955

## New Mailing Address:

105 BREVARD  
COCOA, FL 32922

FEI Number: 55-0846255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOST, CRAIG  
105 BREVARD AVENUE  
COCOA, FL 32922 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PINKNEY, KAREN S  
Address: 4305 RANDON LANE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V ( ) Delete  
Name: SEELIE, LYNITA  
Address: PO BOX 320988  
City-St-Zip: COCOA BEACH, FL 32932

Title: TD ( ) Delete  
Name: POPE, MYRA  
Address: 881 YORKTOWNE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: BROCK, BARBARA S  
Address: 135 OAKLEDGE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete  
Name: YOST, CRAIG  
Address: 3165 NORTH ATLANTIC AVENUE A-201  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: NARVAEZ, ROSALBA  
Address: 3481 CRAGGY BLUFF PLACE  
City-St-Zip: COCOA, FL 32926

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: RAMSEY, RALPH  
Address: 881 YORKTOWNE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG YOST

SD

02/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date