ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000096176

1. Entity Name
COCOA VILLAGE ANTIQUE MALL, INC.

Principal Place of Business	Mailing Address
105 BREVARD AVE. COCOA, FL 32922	105 BREVARD COCOA, FL 32922

01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0846255
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEELIE, LYNITA
105 BREVARD AVENUE
COCOA, FL 32922

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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000781137
01/15/08-80022-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SEELIE, LYNITA
STREET ADDRESS	POB 320988
CITY ST ZIP	COCOA BEACH, FL 32932
TITLE	PD
NAME	PINKNEY, KAREN S
STREET ADDRESS	4305 RANDON LN
CITY ST ZIP	MERRITT ISLAND, FL 32952
TITLE	SD
NAME	BROCK, BARBARA S
STREET ADDRESS	135 OAKLEDGE DRIVE
CITY ST ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 a similar like empowered.

SIGNATURE: Lynita Seelie (LYNITA SEELIE) 1/10/08 321-576-0393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number