


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90978 028 \*\*\*150.00

<b>DOCUMENT # P04000049062</b> 1. Entity Name <b>COCOA BEACH PROMOTIONS, INC.</b>																													
Principal Place of Business <b>1916 TERA COURT APT 62 ROCKLEDGE, FL 32955</b>			Mailing Address <b>1916 TERA COURT APT 62 ROCKLEDGE, FL 32955</b>																										
2. Principal Place of Business <b>5495 HOLDEN RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>5495 HOLDEN RD.</b> Suite, Apt. #, etc.																											
City & State <b>Cocoa, FL.</b>		City & State <b>Cocoa, FL.</b>		4. FEI Number <b>20-0886255</b>																									
Zip <b>32927</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>HOWE, MICHAEL 1916 TERA COURT APT 62 ROCKLEDGE, FL 32955</b>			7. Name and Address of New Registered Agent Name <b>HOWE, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5495 HOLDEN RD.</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32927</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 <b>MICHAEL J HOWE</b> <b>PRESIDENT</b> <b>4-29-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOWE, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1916 TERA COURT APT 62</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ROCKLEDGE, FL 32955</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HOWE, MICHAEL		STREET ADDRESS	1916 TERA COURT APT 62		CITY-ST-ZIP	ROCKLEDGE, FL 32955		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">HOWE, MICHAEL</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5495 HOLDEN RD</td> <td>(Address)</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Cocoa, FL 32927</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	HOWE, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5495 HOLDEN RD	(Address)	STREET ADDRESS	Cocoa, FL 32927		CITY-ST-ZIP		
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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. <b>SIGNATURE: MICHAEL J HOWE</b> <b>PRESIDENT</b> <b>4-29-05</b> <b>321-SKY-1270</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													