

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150188

Entity Name: POCO MAS, CORP.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 1741
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

558 MOONEY ROAD
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

PO BOX 1741
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

558 MOONEY ROAD
FORT WALTON BEACH, FL 32547 US

FEI Number: 20-1847879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHORS, MICHELLE
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 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: P () Delete
Name: RICCI, NORMAN L
Address: 342 EMERALD RIDGE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP () Delete
Name: RICCI, NORMAN L
Address: 342 EMERALD RIDGE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: S () Delete
Name: GIESEN, VIRGINIA C
Address: 558 MOONEY RD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: T () Delete
Name: RICCI, NORMAN L
Address: 342 EMERALD RIDGE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D () Delete
Name: GIESEN, JR, ANDREW
Address: 558 MOONEY RD.
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: ANDREW GIESEN JR

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date