

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90002 035 ***150.00

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|--|---|---|--|--|--|
| DOCUMENT # P05000144743 1. Entity Name COCOA BEACH COFFEE COMPANY | | | | | |
| Principal Place of Business 2023 NORTH ATLANTIC AVE 211 COCOA BEACH, FL 32931 | | | Mailing Address 317 JACK DRIVE COCOA BEACH, FL 32931 | | |
| 2. Principal Place of Business - No P.O. Box # 350 Orion Court Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 542293 Suite, Apt. #, etc. | | | |
| City & State Merritt Island, FL Zip 32953 | | City & State Merritt Island, FL Zip 32954-2293 | | 4. FEI Number 20-3687807 | |
| Country US | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOORE, BRANDON 317 JACK DRIVE COCOA BEACH, FL 32931 | | | 7. Name and Address of New Registered Agent Name Michelle Stella Street Address (P.O. Box Number is Not Acceptable) 350 Orion Court City Merritt Island FL Zip Code 32953 | | |
| 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 <u>Michelle Stella</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/29/08</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP/S MOORE, MICHELLE <input checked="" type="checkbox"/> Delete 317 JACK DRIVE COCOA BEACH, FL 32931 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP/DIST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michelle Stella 350 Orion Court Merritt Island, FL 32953 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV/T <input checked="" type="checkbox"/> Delete MOORE, BRANDON 317 JACK DRIVE COCOA BEACH, FL 32931 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 all other like empowered. | | | | | |
| SIGNATURE: <u>Michelle Stella</u> <u>Michelle Stella</u> <u>4/29/08</u> <u>407 462 0888</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |