

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-08-2006 90011 028 ***150.00

DOCUMENT # P92000007717

1. Entity Name
TRIZEK VILLAGE PLAZA, INC.



Principal Place of Business
**925 N. COURTENAY PARKWAY
SUITE 28
MERRITT ISLAND, FL 32953 US**

Mailing Address
**P.O. BOX 320637
COCOA BEACH, FL 32932-0637 US**

66004004



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3153066

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOHRR, PHILLIP F
1800 W BIBISCUS BLVD
STE 138
MELBOURNE, FL 32901**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KODSI, MAURICE
STREET ADDRESS	925 N. COURTENAY PARKWAY, SUITE 28
CITY - ST - ZIP	MERRITT ISLAND, FL 32953

TITLE	VPS
NAME	KODSI, ROBERT
STREET ADDRESS	925 N. COURTENAY PARKWAY, SUITE 28
CITY - ST - ZIP	MERRITT ISLAND, FL 32953

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

(321) 453-536

Daytime Phone #



*Attaches
66002802*

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

TRIZEK VILLAGE PLAZA, INC.
P.O. BOX 320637
COCOA BEACH, FL 32932-0637 US

Subject: **TRIZEK VILLAGE PLAZA, INC.**

Reference Number: **P92000007717**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION