

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 009 \*\*\*150.00

**DOCUMENT # P95000064626**  
 1. Entity Name  
**T.C.A. DEVELOPMENT COMPANY**



14001042

Principal Place of Business  
**503 N. ORLANDO AVENUE  
 SUITE 105  
 COCOA BEACH, FL 32931**

Mailing Address  
**503 N. ORLANDO AVENUE  
 SUITE 105  
 COCOA BEACH, FL 32931**



2. Principal Place of Business  
**61 W. Colonial Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**61 W. Colonial Dr**  
 Suite, Apt. #, etc.

04062005 Chg-P CR2E034 (10/03)

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32801**

Country  
**USA**

4. FEI Number  
**59-3330683**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHOEMAKER, JOHN B  
 503 N. ORLANDO AVENUE  
 SUITE 105  
 COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

Name  
**John B. Shoemaker**

Street Address (P.O. Box Number is Not Acceptable)  
**61 W. Colonial Dr.**

City **Orlando** State **FL** Zip Code **32801**

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 \_\_\_\_\_ DATE **4/22/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KODSI, ALBERT 503 N. ORLANDO AVENUE, SUITE 105 COCOA BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHOEMAKER, JOHN B 503 N ORLANDO AVE #105 COCOA BCH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COHEN, ODED 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ALBERT KODSI 61 W. COLONIAL DR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> JOHN B. SHOEMAKER 61 W. COLONIAL DR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> ODED COHEN 61 W. COLONIAL DR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> STEVE KODSI 61 W COLONIAL DR ORLANDO, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_ DATE **4/22/05** 407 294 2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR