

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000045287
 1. Entity Name
 COCOA TOWN PLAZA, INC.



Principal Place of Business
 463 FORREST AVENUE
 COCOA, FL 32922 US

Mailing Address
 P.O. BOX 540545
 MERRITT ISLAND, FL 32954-0545

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0682692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURROWS, TOM G
 775 E MERRITT ISLAND CAUSEWAY
 STE 320
 MERRITT ISLAND, FL 32952

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLTON, JOYCE 805 SYKES CREEK PKWY., UNIT C MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULMER, PAUL B JR 225 MARIAH COURT MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, KENNETH 600 RIVER MOORINGS DRIVE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/12/04-80012-012 150.00

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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)(f), 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: Joyce Carlton 7-05-04 321-799-8306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #