

**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**



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. F-1 Number
65-0682692

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

**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 relinquishing)

DATE

**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

000000165407
07/12/04-80012-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-05-04 321-799-8306

Date

Daytime Phone