

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 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**



06282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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 re-stating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 93 DELANNOY AVENUE #505 COCOA, FL 32922 |
| 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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07/03/07-80002-006 150.00

**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 an officer like empowered.

SIGNATURE: *Joyce Carlton* **JOYCE CARLTON 6-28-07 321-686-0911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #