

2007 FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

1 Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90057 022 ***150.00

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1. Entity Name
745 HOLDING COMPANY, INC.



Principal Place of Business
745 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920

Mailing Address
745 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3403293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAMPA, ROBERT S
6000 TURTLE BEACH LANE
COCOA BEACH, FL 32931

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 TAMPA, ROBERT S
STREET ADDRESS 745 SCALLOP DRIVE
CITY-STATE-ZIP CAPE CANAVERAL, FL 32920

TITLE VP
NAME DISTASIO, FREDERICK T
STREET ADDRESS 2140 TOPAZ ST
CITY-STATE-ZIP MERRITT ISLAND, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FRED DISTASIO 2-7-07 321 868-7968