

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000005605

1. Entity Name
SPACE COAST CUTTING ASSOCIATION, INC.



Principal Place of Business
2331 MALABAR ROAD N.W.
PALM BAY, FL 32907

Mailing Address
2331 MALABAR ROAD N.W.
PALM BAY, FL 32907



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3434870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLAS, JAMES M
1815 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937

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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
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
PD
PALMER, ANDREW
2331 MALABAR ROAD N.W.
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
PALMER, WILLARD
2331 MALABAR ROAD N.W.
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000167425
07/20/04-80004-008 150.00

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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:

Willard Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-04

Date

Daytime Phone If