


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000095720 1. Entity Name MAIDS OF HONOR INC. OF COCOA		
Principal Place of Business 3880 NEWPORT ST COCOA, FL 32927	Mailing Address 3880 NEWPORT ST COCOA, FL 32927	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BELLOMY, KATHLEEN J 3880 NEWPORT ST COCOA, FL 32927		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 <u><i>Kathleen J Bellomy</i></u> <u><i>Kathleen J Bellomy (President)</i></u> <u><i>4/8/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000897520 04/25/08-80052-008 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLOMY, KATHLEEN J 3880 NEWPORT ST COCOA, FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, KATHY 619 FIFTH ST MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURIE, GAYLE 635 FRIDAY RD COCOA, FL 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARANTO, DELORES 140 FLUG AVE INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Kathleen J Bellomy</i></u> <u><i>Kathleen J Bellomy</i></u> <u><i>4/8/08</i></u> <u><i>321-626-3327</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		