# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 01, 2004**
**Secretary of State**

DOCUMENT# G94088

**Entity Name:** COCO DESIGN ASSOCIATES, INC.

**Current Principal Place of Business:**

1216 E LEE ST
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

245 E. INTENDENCIA ST.
B
PENSACOLA, FL 32502 US

**Current Mailing Address:**

PO BOX 9286
PENSACOLA, FL 32513

**New Mailing Address:**

**FEI Number: 59-2396332** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSEY, PAUL JAY
1216 E LEE ST
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MASSEY, PAUL JAY,
Address: 1216 E LEE ST
City-St-Zip: PENSACOLA, FL

Title: V ( ) Delete
Name: MASSEY, JOANN,
Address: 1216 E. LEE ST
City-St-Zip: PENSACOLA, FL

Title: S ( ) Delete
Name: IRPS, BARBARA
Address: 2617 YOUNGWOOD LANE
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MASSEY, PAUL JAY,
Address: 1216 E LEE ST
City-St-Zip: PENSACOLA, FL 32503

Title: V (X) Change ( ) Addition
Name: MASSEY, JOANN,
Address: 1216 E. LEE ST
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA IRPS S 07/01/2004

Electronic Signature of Signing Officer or Director Date