


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H08392</b>		
1. Entity Name <b>COCOA EXPO, INC.</b>		
Principal Place of Business <b>8680 NO ATLANTIC AVE CAPE CANAVERAL, FL 32920 US</b>		Mailing Address <b>8680 NO ATLANTIC AVE CAPE CANAVERAL, FL 32920 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>STOTTLER, RICHARD H JR 8680 NO ATLANTIC AVE CAPE CANAVERAL, FL 32920</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U000000171421</b> <b>09/01/04 000000 001 558.75</b>
TITLE	DVT	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	STOTTLER, RICHARD H JR	
STREET ADDRESS	8680 NO ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL, FL	
TITLE	PD	
NAME	MALONE, GILES A.J.	
STREET ADDRESS	500 FRIDAY RD	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	COCOA, FL	
TITLE	DS	
NAME	DEEVERS, JUDITH C	
STREET ADDRESS	8680 N. ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
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 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: <u>Richard H Stottler Jr, V. Pres.</u>		Date: <u>7/1/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>321-783-1320</u>