

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90027 012 \*\*\*150.00

**DOCUMENT # P02000072940**

1. Entity Name

COCO HOUSE & COMPANY, INC.



Principal Place of Business

701 SE FIRST ST  
DELRAY BEACH FL 33483

Mailing Address

701 SE FIRST ST  
DELRAY BEACH FL 33483

*4225 County Road (same)*

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State *FL*

City & State

Zip *33483*

Country *U.S.A*

Zip

Country

4. FEI Number

04-3696242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELAVALLE, STEFANI  
101 SE 1ST  
4TH FLOOR  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

*Stefani de Laville*

Street Address (P.O. Box Number is Not Acceptable)

*4225 County Road*

City

*Gulf Stream*

FL

Zip Code *33483*

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

*Stefani A. de Laville*

Signature of Registered Agent or Director (NOTE: Registered Agent signature required when reinstating)

*3/19/04*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
DE LAVILLE, STEFANI A  
701 SE FIRST ST  
DELRAY BEACH FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President Stefani A. de Laville* ☒ Change ☐ Addition  
*4225 County Road*  
*Gulf Stream FL 33483*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Stefani A. de Laville*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/04*

Date

*(561) 274-4940*

Daytime Phone #