


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90179 007 ***150.00

DOCUMENT # P02000098885 1. Entity Name COCO TITLE COMPANY																													
Principal Place of Business 2300 PALM BEACH LAKES BLVD. SUITE 305 WEST PALM BEACH, FL 33409			Mailing Address POST OFFICE BOX 2802 WEST PALM BEACH, FL 33402-2802																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2300 Palm Beach Lakes Blvd Suite, Apt. #, etc. 305 City & State W Palm Beach FL Zip Country 33409 Palm Beach																											
4. FEI Number 90-0053487				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02032005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent BOYCHUK, PATRICIA L 8628 PLUM CAY WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOYCHUK, PATRICIA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8628 PLUM CAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33411</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BOYCHUK, PATRICIA L		STREET ADDRESS	8628 PLUM CAY		CITY-ST-ZIP	WEST PALM BEACH, FL 33411		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Patricia L Boychuk</u> 03/01/2005 (561)686-1144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													