

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000020457**

1. Entity Name  
**RIO COCO, INC**



Principal Place of Business  
**450 39TH CT  
VERO BEACH, FL 32968 US**

Mailing Address  
**PO BOX 2151  
VERO BEACH, FL 32961 US**

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0675334**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BAGBY, LAURA U  
450 39TH CT  
VERO BEACH, FL 32968**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **BAGBY, LAURA U**  
STREET ADDRESS **450 39TH CT**  
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **VP**  
NAME **BAGBY, MICHAEL**  
STREET ADDRESS **450 39TH CT**  
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **S**  
NAME **BISHOP, MARIE S**  
STREET ADDRESS **450 10TH CT SW**  
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **D**  
NAME **REMEDIOS, ALICE**  
STREET ADDRESS **106 CLARKSVILLE CT**  
CITY-ST-ZIP **CARY, NC 27513**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000418553  
02/14/06-80012-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Laura Uyeda Bagby* **Laura Uyeda Bagby** **1-22-06** **772 7709772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #