

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90025 030 ***150.00

DOCUMENT # P28783

1. Entity Name

THE NEW COCO DISTRIBUTING COMPANY, INC.



Principal Place of Business

1203 E INDUSTRIAL DR
ORANGE CITY FL 32763
US

Mailing Address

1203 E INDUSTRIAL DR
ORANGE CITY FL 32725
US

2. Principal Place of Business

529-S. PINE MEADOW DR.

Suite, Apt. #, etc.

3. Mailing Address

529-S. PINE MEADOW DR.

Suite, Apt. #, etc.

City & State

DEBARY, FLORIDA

Zip

32713

Country

US

City & State

DEBARY, FLORIDA

Zip

32713

Country

US

4. FEI Number

58-1884472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUCKER, ROBERT
1203 E INDUSTRIAL DR
ORANGE CITY FL 32763

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

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, 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	PDT	<input type="checkbox"/> Delete
NAME	STUCKER, ROBERT W.	
STREET ADDRESS	1203 E INDUSTRIAL DR	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MOORE, WENDELL H.	
STREET ADDRESS	2751 MORTON DR	
CITY-ST-ZIP	E MOLINE IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SLOVER, JOHN A.	
STREET ADDRESS	P. O. BOX 719 N/A	
CITY-ST-ZIP	MOLINE IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT W. STUCKER	
STREET ADDRESS	529-S. PINE MEADOW DRIVE	
CITY-ST-ZIP	DEBARY, FLORIDA 32713	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDELL H. MOORE	
STREET ADDRESS	477-NORTH PINE MEADOW DRIVE	
CITY-ST-ZIP	DEBARY, FLORIDA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Robert W. Stucker* ROBERT W. STUCKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 386-668-0388

Date

Daytime Phone #