

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90026 050 ***150.00

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1. Entity Name
HP&J-COCOA, INC.



Principal Place of Business
105 S NARCISSUS STREET SUITE 510
WEST PALM BEACH, FL 33401

Mailing Address
105 S NARCISSUS STREET SUITE 510
WEST PALM BEACH, FL 33401

94025851



2. Principal Place of Business
400 Executive Center Drive
Suite, Apt. #, etc.
Suite 207

3. Mailing Address
same
Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL

City & State

4. FEI Number
65-0529869

Applied For
Not Applicable

Zip
33401

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

PERRY, ANN H
1621 NW 10 STREET
BOCA RATON, FL 33486

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

Ann H. Perry
Signature based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HANSON, MARY J
STREET ADDRESS 301 OCEAN BLUFFS BLVD APT 306
CITY-ST-ZIP JUPITER, FL 34477

TITLE TD
NAME PERRY, ANN H
STREET ADDRESS 1621 NW 10 STREET
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE SD
NAME JENSEN, BONNI S
STREET ADDRESS 91 W PLUMOSA LANE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Ann H. Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04
Date

(561) 686-6550
Daytime Phone #