


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90220 023 \*\*\*150.00

**DOCUMENT # P95000062229**

1. Entity Name  
**COFFEECO INC.**



Principal Place of Business      Mailing Address

**849 S FEDERAL HWY  
 STUART FL 34994**      **849 S FEDERAL HWY  
 STUART FL 34994**



2. Principal Place of Business      3. Mailing Address

*SAME*      *SAME*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/04)

City & State      City & State

4. FEI Number      Applied For

**59-3350041**       Not Applicable

Zip      Country      Zip      Country

*MARTIN*           *MARTIN*

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

| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |          |
|---|--|--|----------|
| <b>HILL, VAUGHN L<br/>                     849 S FEDERAL HWY<br/>                     STUART FL 34994</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 |                   |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|-------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | PO                | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HILL, VAUGHN L    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 849 S FEDERAL HWY |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | STUART FL 34994   |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                   |                                 |  | 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: *Vaughn Hill*      *Vaughn Hill*      04-20-05 (772)223-7006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #