## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000050391

1. Entity Name COCO LOCO, INC.



Principal Place of Business Mailing Address

1560 AIRPORT BLVD 1560 AIRPORT BLVD PENSACOLA, FL 32504 PENSACOLA, FL 32504

## FILED Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90076 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

74-3115204 | Not Applicable

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

STAVELY, CHARLES 1560 AIRPORT BLVD PENSACOLA, FL 32504

## DO NOT WRITE IN THIS SPACE

| the ooligat   | named entity submits this statement for the plans of registered agent | urpose of changing its regist   | lered office or r     | egistered agent, or be     | oth, in the State of Florida. If am familiar with, and ac | cept |
|---|---|---|-----------------------|----------------------------|---|------|
| SIGNATURE,  | -Signature: typed or printed name of registered agent and title i     | applicable (NOTE Regist   | lered Agent signature | required when reinstating) | DATE  | -    |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |                       |                            |   |      |
| 10.   | OFFICERS AND DIREC  | CTORS   |                       |                            | <u> </u>  |      |
| TITLE NAME STREET ADDRESS CITY-ST-ZiP                                 | BP<br>STAVELY, CHARLES<br>1560 AIRPORT BLVD<br>PENSACOLA, FL 32504    |   |                       |                            |   |      |
| TITLE   |   |   |                       |                            |   |      |
| NAME<br>STREET ADDRESS  |   |   |                       |                            |   |      |
| CITY-ST-ZIP   |   |   | ı                     |                            |   |      |
| TITLE   |   | ,   | 7                     |                            | •   |      |
| NAME  |   |   |                       |                            |   |      |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                       | DO                         | NOT WRITE   |      |
|   |   |   | 4                     | _                          | · · · · · · · · · · · · · · · · · · ·                     |      |
| TITLE<br>NAME   |   |   |                       | IN                         | THIS SPACE  |      |
| STREET ADDRESS  |   |   | ł                     |                            |   |      |
| CITY-ST-21P   |   |   |                       |                            |   |      |
| TITLE   |   |   |                       |                            |   |      |
| NAME  |   |   |                       |                            |   |      |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                       |                            |   |      |
| -   |   |   | 4                     |                            |   |      |
| TITLE<br>NAME   |   |   | 1                     |                            |   |      |
| STREET ADDRESS  |   |   | ı                     |                            |   | i    |

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 it changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

CHARLS STA

4806

850-479-1677

Daytime Phone #