


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000092175</b> 1. Entity Name COCONUT DOCTOR INC	
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Principal Place of Business 105 SILVER SPRINGS DR KEY LARGO, FL 33037 US	Mailing Address P O BOX 2283 KEY LARGO, FL 33037 US
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0169187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KLOPP, MICHAEL 105 SILVER SPRINGS DR KEY LARGO, FL 33037
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPP, MICHAEL 105 SILVER SPRINGS DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOPP, LINDA 105 SILVER SPRINGS DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLOPP, JONATHON 668 DOLPHIN AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPP, ISAIAH P O BOX 1614 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000357187  
05/04/05-80063-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** M. Klopp, Director 4/28/05 305-522-4579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #