

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092175

Entity Name: COCONUT DOCTOR INC

FILED  
May 24, 2007  
Secretary of State

## Current Principal Place of Business:

105 SILVER SPRINGS DR  
KEY LARGO, FL 33037 US

## New Principal Place of Business:

50 SILVER SPRINGS DR  
KEY LARGO, FL 33037 US

## Current Mailing Address:

P O BOX 2283  
KEY LARGO, FL 33037 US

## New Mailing Address:

P O BOX 372283  
KEY LARGO, FL 33037 US

FEI Number: 20-0169187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLOPP, MICHAEL  
105 SILVER SPRINGS DR  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

KLOPP, MICHAEL  
50 SILVER SPRINGS DR  
KEY LARGO, FL 33037 US

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.

SIGNATURE:

05/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KLOPP, MICHAEL  
Address: 105 SILVER SPRINGS DR  
City-St-Zip: KEY LARGO, FL 33037 US

Title: P ( ) Delete  
Name: KLOPP, LINDA  
Address: 105 SILVER SPRINGS DR  
City-St-Zip: KEY LARGO, FL 33037 US

Title: V (X) Delete  
Name: KLOPP, JONATHON  
Address: 668 DOLPHIN AVE  
City-St-Zip: KEY LARGO, FL 33037 US

Title: D (X) Delete  
Name: KLOPP, ISIAIAH  
Address: P O BOX 1614  
City-St-Zip: KEY LARGO, FL 33037 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KLOPP, MICHAEL  
Address: 50 SILVER SPRINGS DR  
City-St-Zip: KEY LARGO, FL 33037 US

Title: P (X) Change ( ) Addition  
Name: KLOPP, LINDA  
Address: 50 SILVER SPRINGS DR  
City-St-Zip: KEY LARGO, FL 33037 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA KLOPP

P

05/24/2007

Electronic Signature of Signing Officer or Director

Date