

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092175

Entity Name: COCONUT DOCTOR INC

FILED
Jan 02, 2008
Secretary of State

Current Principal Place of Business:

63 BASS AVE
KEY LARGO, FL 33037 US

New Principal Place of Business:

1501 OCEAN BAY DR.
SUITE 10
KEY LARGO, FL 33037 US

Current Mailing Address:

P O BOX 372283
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 26-0257867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VOLLAND, MARTIN S
1501 OCEAN BAY DR STE 10
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VOLLAND, MARTIN S
Address: 1501 OCEAN BAY DR STE 10
City-St-Zip: KEY LARGO, FL 33037 US

Title: D () Delete
Name: VOLLAND, AIMEE
Address: 1501 OCEAN BAY DR STE 10
City-St-Zip: KEY LARGO, FL 33037 US

Title: SD (X) Delete
Name: RADCLIFFE, MICHELE
Address: 1501 OCEAN BAY DR STE 10
City-St-Zip: KEY LARGO, FL 33037

Title: VD (X) Delete
Name: MULCAHY, SHAWN
Address: 63 BASS AVE
City-St-Zip: KEY LARGO, FL 33037 US

Title: TD (X) Delete
Name: KLOPP, MICHAEL
Address: PO BOX 372283
City-St-Zip: KEY LARGO, FL 33037 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VOLLAND, MARTIN S
Address: 1501 OCEAN BAY DR STE 10
City-St-Zip: KEY LARGO, FL 33037 US

Title: VP/S (X) Change () Addition
Name: VOLLAND, AIMEE
Address: 1501 OCEAN BAY DR STE 10
City-St-Zip: KEY LARGO, FL 33037 US

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

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: AIMEE C. VOLLAND

VP

01/02/2008

Electronic Signature of Signing Officer or Director

_____ Date