## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 14, 2005 8:00 am **Secretary of State DOCUMENT # P04000084450** 1. Entity Name 01-14-2005 90011 047 \*\*\*150.00 COCO PLUM REALTORS, INC. Principal Place of Business Mailing Address 2000 COCO PLUM DRIVE 2000 COCO PLUM DRIVE 50002781 #1402 #1402 MARATHON, FL 33050 LIS MARATHON, FL 33050 US 2. Principal Place of Business 3. Mailing Address 5553 Overseas Suite, Apt. #, etc Suite, Apt. #, etc. 01052005 Chg-P CR2E034 (10/03) X Applied For City & State City & State 4. FEI Number laca than 20-117797 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired 3305C Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 9711 OVERSEAS HIGHWAY MARATHON, FL 33050 City 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 famillar 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITT F TITLE F ☐ Delete Change ☐ Addition NAME WILLEY, JAMES E JR NAME 2000 COCO PLUM DRIVE #1402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME WILLEY, KELLY M NAME 2000 COCO PLUM DRIVE #1402 STREET ADDRESS STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLEY, KELLY M NAME STREET ADDRESS 2000 COCO PLUM DRIVE #1402 STREET ADDRESS MARATHON, FL 33050 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

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.

ى بىللى د