


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 374158 1. Entity Name COON HOLDINGS, INC.	
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Principal Place of Business 888 S ANDREWS AVE STE 204 FORT LAUDERDALE, FL 33316 US	Mailing Address 888 S ANDREWS AVE STE 204 FORT LAUDERDALE, FL 33316 US
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03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1315330	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COON, THOMAS T JR 888 S ANDREWS AVE STE 201A FT. LAUDERDALE, FL 33316
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DO NOT WRITE 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COON, THOMAS T 888 S. ANDREWS AVE. STE. 204 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COON, JUDITH W 888 S. ANDREWS AVE. STE. 204 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD COON, THOMAS T JR 888 S. ANDREWS AVE. STE. 204 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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05/09/07-80043-019 150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] *N.P.* *4/23/07* *904-760-9111*