

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 374158

1. Entity Name
COON HOLDINGS, INC.



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



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1315330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COON, THOMAS T JR
888 S ANDREWS AVE STE 201A
FT. LAUDERDALE, FL 33316

**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, 2008 Fee will be \$550.00**

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

1100000906954
05/05/08-80019-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COON, THOMAS T
STREET ADDRESS 888 S. ANDREWS AVE. STE. 204
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE TD
NAME COON, JUDITH W
STREET ADDRESS 888 S. ANDREWS AVE. STE. 204
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE SVD
NAME COON, THOMAS T JR
STREET ADDRESS 888 S. ANDREWS AVE. STE. 204
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

3-13-08 954-760-9111