## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State

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DOCU 1. Entity Nam COCOA I				03-03-200	_				
2049 SYKES	e of Business CREEK DR AND, FL 32953 US	Mailing Address COCO BEACH POWER SC PO BOX 540651 MERRITT IS., FL 54-0	Q. 1651 US				<b>1</b>      <b>2</b>   <b>1</b> 2  <b>1</b>    1		
2. Principal Place of Business - No P.O. Box # 1490 HOLLY ANE.		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02272008	Chg-NP	CR2E	037 (12/06)	
City & State MERRITT ISLAND, FL.		City & State			4. FEI Number Applied For 59-3008037 Not Applicable				
Zip 32952	Country 1 4 5 8 8 8 1 5 A	Zip	Country		5. Certificate of	of Status Desired	d 💢	\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of Nev	v Registered	Agent	
LONGWAY, J P III 2049 SYKES CREEK DR			Name Street A	· · · · · · · · · · · · · · · · · · ·					
	ISLAND, FL 32953				O HOLL		•		
			City	N ~	7 17	1 1 1 1 2	FI	Zip Cod	le ~000
	named entity submits this statement for	the purpose of changing its r	egistered office o		CKITT 15 ed agent, or both		Florida. I am	lamiliar with.	and addept
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	MUDITARY PLANTS	T 14 ' 20							^D %
SIGNATURE .	MARILYN FLANIS Signature, typed or printed name of registered agent a		Registered Agera signal	ule fettioled	witerr reinstativiça		J*Af)	9-38.	-08
SIGNATURE .			paign Financing		\$5.00 May Be	F		k payable t	· o
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	F	Make chec lorida Depa	k payable t	o tate
10.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 мау Ве	F	Make chec lorida Depa	ck payable t rtment of S	o tate
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing ontribution.	PD Lot	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFI	Make chec lorida Depa CERS AND D	k payable triment of SIRECTORS IN	o tate J 10 Addition
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED HADE OF SIGNING OFFICER OR DIRECTO

MARSHA E KIRKWOOD

TD

2-28-08