


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000005707</b>	
1. Entity Name COCONINO EQUIPMENT & INVESTMENT CO., INC.	

Principal Place of Business C/O BASS HARBOR CAMPGROUND P.O. BOX 122 BASS HARBOR, ME 04653 US	Mailing Address C/O BASS HARBOR CAMPGROUND P.O. BOX 122 BASS HARBOR, ME 04653 US
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04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-0250708	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  VICKER, SHANNA 204 E. LAUREL HOWEY IN THE HILLS, FL 34737
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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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CARSEY, WELDON A C/O BASS HARBOR CAMPGROUND, P.O. BOX 122 BASS HARBOR, ME 04653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV VICKER, SHANNA 204 E LAUREL HOWEY IN THE HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GFELLER, ALENA G 85 BROOKSIDE DRIVE W. HARTFORD, CT 06107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARSEY, DIXIE C/O BASS HARBOR CAMPGROUND, P.O. BOX 122 BASS HARBOR, ME 04653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/07-80012-024 158.75

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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 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:** Dixie Carsey 4-24-07 207-735-7167  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #