2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 02, 2006 08:00 AN Secretary of State DOCUMENT # J28412 1. Entity Name , * KOONS ENTERPRISES, INC. Principal Place of Business Mailing Address % JOHN R. KOONS, SR. % JOHN R. KOONS, SR. 1742 ORMOND RD. 1742 ORMOND RD. JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 05012006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2708111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOONS, JOHN R. SR. DO NOT WRITE 1742 ORMOND RD. JACKSONVILLE, FL 32225 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !\$ \$150.00 After May 1, 2006 Fee will be \$550.00 1000000558387 Trust Fund Contribution. Added to Fees 05/17/06-80092-002 150.00 10. OFFICERS AND DIRECTORS TITLE KOONS, JOHN R. SR. NAME STREET ADDRESS 1742 ORMOND RD. JACKSONVILLE, FL CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST- ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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.

ME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

5/1/06

Daytime Phone #