


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K45763</b> 1. Entity Name <b>COYO, INC.</b>	
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Principal Place of Business <b>4210 KIPLING AVENUE PLANT CITY, FL 33567</b>	Mailing Address <b>4210 KIPLING AVENUE PLANT CITY, FL 33567</b>
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03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1817813</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GALLAGHER, WILMA S.  
7400 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL**

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MCDONALD, COY D., JR.
STREET ADDRESS	4210 KIPLING AVE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	DVT
NAME	MCDONALD, COY D., III
STREET ADDRESS	4210 KIPLING AVE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	DVS
NAME	MCDONALD, DELIA O.
STREET ADDRESS	4210 KIPLING AVENUE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000470441  
03/28/06-80014-009 150.00

**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

Mar 11, 2006 813-757-0973  
Date Daytime Phone #

COY. D. MCDONALD JR.