

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90018 012 ***150.00

DOCUMENT # K45763 1. Entity Name COYO, INC.			
Principal Place of Business 4210 KIPLING AVENUE PLANT CITY, FL 33567		Mailing Address 4210 KIPLING AVENUE PLANT CITY, FL 33567	
2. Principal Place of Business - No P.O. Box # 1452 STOCKBRIDGE LN		3. Mailing Address 1452 STOCKBRIDGE LN	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ST AUGUSTINE FL		City & State ST AUGUSTINE FL	
Zip 32084	Country USA	Zip 32084	Country USA
4. FEI Number 58-1817813		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLAGHER, WILMA S. 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCDONALD, COY O., JR. 4210 KIPLING AVE PLANT CITY, FL 35567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1452 1452 STOCKBRIDGE LN ST AUGUSTINE FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT MCDONALD, COY O., III 4210 KIPLING AVE PLANT CIYT, FL 35567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1452 1452 STOCKBRIDGE LN ST AUGUSTINE FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MCDONALD, DELIA O. 4210 KIPLING AVENUE PLANT CITY, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1452 1452 STOCKBRIDGE LN ST AUGUSTINE FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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.			
SIGNATURE: <i>Coy O McDonald Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date May 17, 2007 Daytime Phone # 904-829-3488	
COY O MCDONALD JR TREASURER			