

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90087 028 \*\*\*150.00

DOCUMENT # P00000102774

1. Entity Name  
COCONUT PALM LAWN SERVICE, INC.



Principal Place of Business  
4801 32ND DR. S.  
LAKE WORTH, FL 33461-5542

Mailing Address  
4801 32ND DR. S.  
LAKE WORTH, FL 33461-5542

40063173



2. Principal Place of Business - No P.O. Box #  
5260 1st Road

3. Mailing Address  
5260 1st Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-P CR2E034 (12/06)

City & State  
Lake Worth, FL

City & State  
Lake Worth, FL

4. FEI Number  
65-1054672

Applied For  
Not Applicable

Zip  
33461

Country  
USA

Zip  
33467

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GONZALEZ, LUIS  
4801 32ND DR. S.  
LAKE WORTH, FL 33461-5542

## 7. Name and Address of New Registered Agent

Name  
Gonzalez, Luis

Street Address (P.O. Box Number is Not Acceptable)  
5260 1st Road

City  
Lake Worth FL Zip Code  
33467

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GONZALEZ, LUIS  
4801 32ND DR. S.  
LAKE WORTH, FL 334615542 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Gonzalez, Luis  
5260 1st Road  
Lake Worth, FL 33467 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2007 (561) 615-2222  
Date Daytime Phone #