

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104242

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** COCONUT CONSIGNMENT CONNECTION, INC.

**Current Principal Place of Business:**

3424 DUCK AVENUE  
KEY WEST, FL 330404427

**New Principal Place of Business:**

2502 B NORTH ROOSEVELT BLVD.  
KEY WEST, FL 33040

**Current Mailing Address:**

3424 DUCK AVENUE  
KEY WEST, FL 330404427

**New Mailing Address:**

2502 B NORTH ROOSEVELT BLVD.  
KEY WEST, FL 33040

FEI Number: 65-1148077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYERS, MARY B  
3201 FLAGLER AVENUE  
SUITE 506  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

MEYERS, MARY BETH  
3201 FLAGLER AVENUE  
SUITE 506  
KEY WEST, FL 33040 US

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.

SIGNATURE: MARY BETH MEYERS CPA

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALDMAN, SIDNEY  
Address: 833 EISENHOWER DRIVE #302  
City-St-Zip: KEY WEST, FL 330407271

Title: V (X) Delete  
Name: MORRIS, LISA S  
Address: POST OFFICE BOX 5927  
City-St-Zip: KEY WEST, FL 33045

Title: ST (X) Delete  
Name: WALDMAN, AUDREY  
Address: 833 EISENHOWER DRIVE #302  
City-St-Zip: KEY WEST, FL 330407271

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: LISA, MORRIS  
Address: P.O. BOX 5927  
City-St-Zip: KEY WEST, FL 33045

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MORRIS

PST

04/30/2004

Electronic Signature of Signing Officer or Director

Date