

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90030 006 \*\*\*150.00

**DOCUMENT # P02000128128**

1. Entity Name  
1501 COCOANUT ROAD, INC.



Principal Place of Business

2 EAST CAMINO REAL  
SUITE 103  
BOCA RATON, FL 33432

Mailing Address

2 EAST CAMINO REAL  
SUITE 103  
BOCA RATON, FL 33432



03192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
33-1032616

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SZYMANSKI, WILLIAM R  
2 EAST CAMINO REAL  
SUITE 103  
BOCA RATON, FL 33432

**DO NOT WRITE  
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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME SYZMANSKI, WILLIAM R  
STREET ADDRESS 2220 E. SILVER PALM RD  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VPS  
NAME SYZMANSKI, LYNNE E  
STREET ADDRESS 2220 E. SILVER PALM RD  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

*[Handwritten Signature]*

*3/21/05*