

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-27-2006 90280 004 ***150.00

DOCUMENT # P03000092175

1. Entity Name
COCONUT DOCTOR INC



Principal Place of Business
**105 SILVER SPRINGS DR
KEY LARGO, FL 33037 US**

Mailing Address
**P O BOX 2283
KEY LARGO, FL 33037 US**

66009147



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0169187

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

**KLOPP, MICHAEL
105 SILVER SPRINGS DR
KEY LARGO, FL 33037**

**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 completing) 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KLOPP, MICHAEL
105 SILVER SPRINGS DR
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KLOPP, LINDA
105 SILVER SPRINGS DR
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KLOPP, JONATHON
668 DOLPHIN AVE
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KLOPP, ISAIAH
P O BOX 1614
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: M. A. KLOPP DIRECTOR 4-3-6 305-522-4579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Print #

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

DOCUMENT # P03000092175	
1. Entity Name COCONUT DOCTOR INC	

Principal Place of Business 105 SILVER SPRINGS DR KEY LARGO, FL 33037 US	Mailing Address P O BOX 2283 KEY LARGO, FL 33037 US
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01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0169187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLOPP, MICHAEL 105 SILVER SPRINGS DR KEY LARGO, FL 33037

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SIGNATURE _____

Signature, by or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
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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 KLOPP, MICHAEL 105 SILVER SPRINGS DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOPP, LINDA 105 SILVER SPRINGS DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLOPP, JONATHON 668 DOLPHIN AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPP, ISAIAH P O BOX 1614 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: M. A. KLOPP **M. A. KLOPP DIRECTOR** 4-3-C 305 522 4579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Date Phone #