


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000103014 1. Entity Name COCONET KEY, INC.	
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Principal Place of Business 30342 OVERSEAS HIGHWAY UNIT 3, THE MARSHALL BUILDING BIG PINE KEY, FL 33043 US	Mailing Address 30342 OVERSEAS HIGHWAY UNIT 3, THE MARSHALL BUILDING BIG PINE KEY, FL 33043 US
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07042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0276864	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, ANN J 141 PIRATES ROAD LITTLE TORCH KEY, FL 33042

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COOPER, ANN J 141 PIRATES ROAD LITTLE TORCH KEY, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOPER, CHRISTOPHER W 141 PIRATES ROAD LITTLE TORCH KEY, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/07/05-80004-011 150.00

**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)(f), 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: Ann Jocelyn Cooper **ANN JOCELYN COOPER** 7/4/05 (305)8727004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #