

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90003 003 ***550.00

DOCUMENT # P03000108704

1. Entity Name
COCONUT COVE GUESTHOUSE, INC.



Principal Place of Business
**3012 GRANADA STREET
FORT LAUDERDALE, FL 33304**

Mailing Address
**3012 GRANADA STREET
FORT LAUDERDALE, FL 33304**

24085499



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-240-3866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOLLOWELL, JERREL L
3012 GRANADA STREET
FORT LAUDERDALE, FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
FOLLOWELL, JERREL L
3012 GRANADA STREET
FORT LAUDERDALE, FL 33304** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-04 954-523-3226

~~Attachment~~
Coconut Cove
GUESTHOUSE
Fort Lauderdale Beach

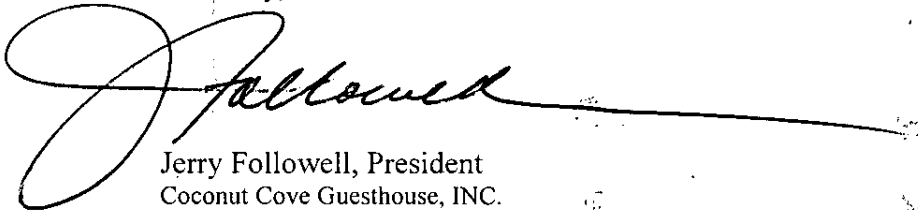
24085499
#P03000108704

Divisions of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Please accept this letter as my request for the waiver of the \$400.00 late fee. My notice did not arrive until well past the May 1, 2004 date.

Enclosed please find the completed signed form and the check for \$550.00. Thank you for your help and if you need anything additional, please let me know.

Sincerely,


Jerry Followell, President
Coconut Cove Guesthouse, INC.