2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2005 08:00 AM DOCUMENT # P03000108704 1. Entity Name **Secretary of State** COCONUT COVE GUESTHOUSE, INC. Principal Place of Business ___ Mailing Address 3012 GRANADA STREET 3012 GRANADA STREET FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 56-2403866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOLLOWELL, JERREL L Street Address (P.O. Box Number is Not Acceptable) 3012 GRANADA STREET FORT LAUDERDALE FL 33304 City Zip Code FL 8. The above names 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 (NOTE Registered Agent signature required when re-instating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. PSTD TITLE Delete DIF Change FOLLOWELL, JERREL L NAME MAAR STREET ADDRESS 3012 GRANADA STREET U000000227010 STREET ADDRESS 02/12/05-80038-018 150.00 CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-SF-ZIP THEF TITLE Change ☐ Delete Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST- AP Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete RILE ☐ Change ☐ Addition NAME N:AMF STREET ADDRESS STREET ADORESS GILY-ST-ZIP 011Y-51-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STATET ADDRESS CITY-ST-ZIP CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 flustee 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 of an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED