

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 042 ***150.00

44040000



07082004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000129666 1. Entity Name COCONUT WILLY'S INC																																																																													
Principal Place of Business 2334 INDIAN MOUND TRAIL KISSIMMEE, FL 34746			Mailing Address 2334 INDIAN MOUND TRAIL KISSIMMEE, FL 34746																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20 - 0418768</div> <div style="border: 1px solid black; padding: 2px; float: right; text-align: center;"> Applied For Not Applicable </div>																																																																									
City & State		City & State																																																																											
Zip		Zip																																																																											
Country		Country																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JONES, ROGER G 2334 INDIAN MOUND TRAIL KISSIMMEE, FL 34746																																																																									
7. Name and Address of New Registered Agent 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 <u><i>Careth Jones</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																													
DATE																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, ROGER G</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2334 INDIAN MOUND TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34746</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>JONES, PATRICIA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2334 INDIAN MOUND TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34746</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	JONES, ROGER G	<input type="checkbox"/>	STREET ADDRESS	2334 INDIAN MOUND TRAIL		CITY-ST-ZIP	KISSIMMEE, FL 34746		TITLE	V	<input type="checkbox"/>	NAME	JONES, PATRICIA M		STREET ADDRESS	2334 INDIAN MOUND TRAIL		CITY-ST-ZIP	KISSIMMEE, FL 34746		TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																																																																											
NAME	JONES, ROGER G	<input type="checkbox"/>																																																																											
STREET ADDRESS	2334 INDIAN MOUND TRAIL																																																																												
CITY-ST-ZIP	KISSIMMEE, FL 34746																																																																												
TITLE	V	<input type="checkbox"/>																																																																											
NAME	JONES, PATRICIA M																																																																												
STREET ADDRESS	2334 INDIAN MOUND TRAIL																																																																												
CITY-ST-ZIP	KISSIMMEE, FL 34746																																																																												
TITLE		<input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP																		
TITLE	NAME	Change Addition																																																																											
NAME		<input type="checkbox"/> <input type="checkbox"/>																																																																											
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
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)(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: <u><i>Careth Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date Daytime Phone #																																																																									

Attachment
44048893

Florida Department of State
Division of Corporations

CoConut Willy's Inc.
2334 Indian Mound Trail
Kissimmee Fl 34746
Document # P 000129666

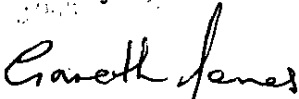
I DID NOT receive and therefore failed to file a timely form UBR for 2004 for CoConut Willy's Inc. I did not receive and was unaware of the deadline requirements of FORM UBR. I have just aquired an accountant who has informed me that I should have filed this form by 05/01/04.

I request that the Department of State remove the penalty and accept my renewal as is. This was an honest mistake and many steps have been put in place to avoid these errors in the future. I take these filing requirements very seriously and only want to do the right thing.

I would appreciate any assistance in this matter.

If you have any questions please call Scott P. Long at 407-343-5590 and he will be happy to assist you.

Thank you,



Roger G. Jones
President
CoConut Willy's Inc.