


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90047 001 ***150.00

DOCUMENT # P05000080408			
1. Entity Name COCONUT ORCHIDS, INC.			
Principal Place of Business 17120 SW 64 COURT SW RANCHES FL 33331 US		Mailing Address 17120 SW 64 COURT SW RANCHES FL 33331 US	
2. Principal Place of Business - No P.O. Box # 17120 SW 64 Ct.		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SW Ranches, FL		City & State	
Zip 33331	Country USA	Zip	Country
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TILLMAN, KALETA E 17120 SW 64 COURT SW RANCHES FL 33331		7. Name and Address of New Registered Agent Name same Kaleta G. Tillman Street Address (P.O. Box Number is Not Acceptable) same 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 Kaleta E. Tillman		Kaleta G. Tillman	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when re-registering)	
DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P TILLMAN, KALETA E. 17120 SW 64 COURT SW RANCHES FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KALET A G. Tillman Kaleta G. Tillman 954-434-4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/24/07 Daytime Phone #