2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

DOCUMENT # P05000119813 1. Entity Name FISTFULL OF COCONUTS INC.						04-02-2008	_		
Principal Place of Business 11200 FOX BROWN RD. INDIANTOWN, FL 34596 US		Mailing Address 1988 MONROE ST. STUART, FL 34997 US	S	,	1 200120011 011	2011) Bill) CD)(2014 BG	ās Jirā i nam ere	·m: 1918† 11878 (1)	180: M 488:
2. Principal Place of Business - No P.O. Box # 1/234 FOX BROWN		P.O.S.OX GG							
Suite, Apt.		Suite, Apt. #, etc.			03302008 Chg-P CR2E034 (12/06)				
INDIA	NTOWN, FL	INSCANTOWN FZ			4. FEI Number 20-337		•		plied For Applicable
3495	6 Country A	31956	Country USA		1	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CICHARD T. 120 S INSON									
1988 MON		Street A	Street Address (P.O. Box Number is Not Acceptable)						
STUART, FL 34997				11234 - FOX BROWN RD					
n Tt		d de agine ite ag	Cilyn	DIA	NTOWA	the State of FI	FL	2 3 %	956
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 NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. TITLE	OFFICERS AND	1	11.	[D]		CHANGES TO OFF		DIRECTORS Change	
NAME STREET ADDRESS	ROBINSON, RICHARD T 1988 MONROE ST.	L A Opelete	NAME STREET ADDRESS	ROU	SINSON, 34 - FO	RICHARD X BROWN	RO-		Addition
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	170	DEAMOU		3495		
NAME STREET ADDRESS CITY-ST-ZIP	ROBINSON, CONNIE J 1988 MONROE ST. STUART, FL 34997	Delete	NAME STREET ADDRESS CITY+ST-ZIP	112	SINSON,	ONNES	5, 1 RD.	Change	Addition
TITLE	VP	☐ Delete	TITLE	1Ω	TANTOW	N, FI 3	9 40 0	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROBINSON, PATRICK M 443 PARK AVE. LAKE PARK, FL 33403		NAME STREET ADDRESS CITY-ST-ZIP		NO C	CHANGE			
TITLE		☐ Delete	TITLE NAME				 -	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	-	☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 order to empowered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Designer Priors #									
l	SIGNATURE AND TYPED OR P	KIRI LED MANE OF SIGNING OFFICER OR	CONFICTOR			Uate	D	kaytıme Phone #	