

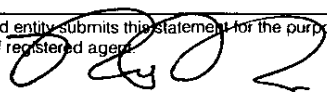
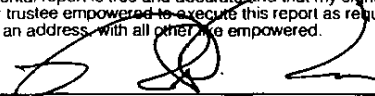


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90021 046 \*\*\*150.00

<b>DOCUMENT # P05000119813</b> 1. Entity Name <b>FISTFULL OF COCONUTS INC.</b>					
Principal Place of Business <b>11200 FOX BROWN RD. INDIANTOWN, FL 34596 US</b>			Mailing Address <b>1988 MONROE ST. STUART, FL 34997 US</b>		
2. Principal Place of Business - No P.O. Box # <b>11234 FOX BROWN RD</b>		3. Mailing Address <b>P.O. BOX 99</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>INDIANTOWN, FL</b>		City & State <b>INDIANTOWN FL</b>		4. FEI Number <b>20-3374258</b>	
Zip <b>34956</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, RICHARD T 1988 MONROE ST. STUART, FL 34997</b>				7. Name and Address of New Registered Agent Name <b>RICHARD T. ROBINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>11234 - FOX BROWN RD</b> City <b>INDIANTOWN</b> <b>FL</b> Zip Code <b>34956</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:  </div> <div style="width: 40%; text-align: right;"> <b>3/30/08</b>            DATE         </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROBINSON, RICHARD T 1988 MONROE ST. STUART, FL 34997</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROBINSON, RICHARD T 11234 - FOX BROWN RD. INDIANTOWN, FL 34956</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROBINSON, CONNIE J 1988 MONROE ST. STUART, FL 34997</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROBINSON, CONNIE J. 11234 - FOX BROWN RD. INDIANTOWN, FL 34956</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROBINSON, PATRICK M 443 PARK AVE. LAKE PARK, FL 33403</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NO CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 other who empowered.					
SIGNATURE: 			<b>3-30-08 772-288-6887</b> Date Daytime Phone #		