2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State DOCUMENT # P05000152666 1. Entity Name 05-02-2006 90218 012 ***150.00 COCONUT BILLS, INC. Principal Place of Business Mailing Address 105 SAGURO LANE 105 SAGURO LANE MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 83 Blue IS/Ano ST 83 BLUE IS/AUD Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For SEBASTIAN SEBASTIAN, FL 20-3872530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired u.s.A. 4.5.A-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 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. William (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Delete TITLE NAME GUNTHER, WILLIAM G NAME 83 BLUE ISLAND ST STREET ADDRESS 105 SAGURO LANE STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

722-388-9874