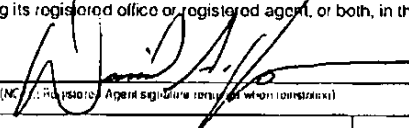
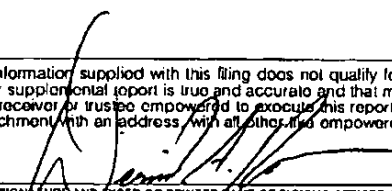


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-14-2007 90067 040 ***150.00

DOCUMENT # P06000003961 1. Entity Name DAVID KOON, INC.					
Principal Place of Business 6619 27TH AVENUE DRIVE W BRADENTON FL 34209			Mailing Address 6619 27TH AVENUE DRIVE W BRADENTON FL 34209		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State BRADENTON, FL.			City & State		
Zip		Country		4. FEI Number 204133833	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KOON, DAVID 6619 27TH AVENUE DRIVE W SARASOTA FL 34209 BRADENTON, FL				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 DAVID A. KOON  4/27/07 Signature, typed or printed name of registered agent and state if applicable. (Not a Registered Agent signature required when filing this report.)					
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P KOON, DAVID 6619 27TH AVENUE DRIVE W SARASOTA FL 34209 BRADENTON, FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
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 fees empowered.					
SIGNATURE:  PRESIDENT DAVID A. KOON 4/27/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/27/07 Daytime Phone # 941-792-7030					