

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000039378

1. Entity Name
LARRY L. COONS, INC.



Principal Place of Business
1375 MYERLEE COUNTRY CLUB BLVD.
FT. MYERS, FL 33919

Mailing Address
1375 MYERLEE COUNTRY CLUB BLVD.
FT. MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
COONS, NICOLE I
1375 MYERLEE COUNTRY CLUB BLVD.
FT. MYERS, FL 33919

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 _____

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COONS, NICOLE I 1375 MYERLEE COUNTRY CLUB BLVD. FT. MYERS, FL 33919	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COONS, LARRY L 1375 MYERLEE COUNTRY CLUB BLVD. FT. MYERS, FL 33919	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 like empowered.

SIGNATURE: *Larry L. Coons, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 17, 2008 8:00 am
Secretary of State**

03-17-2008 90028 014 ***150.00

40047984



03102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3787222	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent COONS, NICOLE I 1375 MYERLEE COUNTRY CLUB BLVD. FT. MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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SIGNATURE _____

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13-14-08 239
432 1533
Date Daytime Phone #