


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 001 ***150.00

DOCUMENT # P94000093125

1. Entity Name
COON ASSOCIATES, INC.



Principal Place of Business
671 HECKMAN CIRCLE
SANFORD, FL 32771

Mailing Address
P.O. BOX 568
MONTICELLO, FL 32344

2. Principal Place of Business
75 West Bear Hollow Rd.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 568
 Suite, Apt. #, etc.

City & State
Greenville, FL

City & State
Monticello, FL

Zip
32331 Country **USA**

Zip
32344 Country **USA**



02042004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3289256

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COON, DOUGLAS
75 W. BEAR HOLLOW RD.
GREENVILLE, FL 32331

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COON, DOUGLAS	
STREET ADDRESS	75 W. BEAR HOLLOW RD.	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COON, JACQUELINE	
STREET ADDRESS	75 W. BEAR HOLLOW RD.	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	COON, JEFFREY	
STREET ADDRESS	2801 BELKION CT.	
CITY-ST-ZIP	DELTONA, FL, 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	COON, KEVIN	
STREET ADDRESS	1410 FLORAL WAY	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, Jeffrey	
STREET ADDRESS	N 49 W - 16009 Lodge Oak Lane	
CITY-ST-ZIP	Menomonee Falls, WI 53051	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Douglas Coon* 2/3/04 Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR