

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093125

Entity Name: COON ASSOCIATES, INC.

FILED
Jan 20, 2005
Secretary of State

Current Principal Place of Business:

75 WEST BEAR HOLLOW RD.
GREENVILLE, FL 32331

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3289256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COON, DOUGLAS
Address: 75 W. BEAR HOLLOW RD.
City-St-Zip: GREENVILLE, FL 32331

Title: STD () Delete
Name: COON, JACQUELINE
Address: 75 W. BEAR HOLLOW RD.
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: COON, JEFFREY
Address: N 49 W 16009 LONE OAK LANE
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D () Delete
Name: COON, KEVIN
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS M. COON

PRES

01/20/2005

Electronic Signature of Signing Officer or Director

_____ Date