

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093125

Entity Name: COON ASSOCIATES, INC.

FILED  
Jan 06, 2008  
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: 11960 E. EDGAR RD.  
City-St-Zip: VESTABURG, MI 48891

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 exemption stated 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 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

01/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date