

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90024 009 ***150.00

DOCUMENT # P96000022046

1. Entity Name
COCONUT DEVELOPMENT CORP.



Principal Place of Business
1111 PACKER STREET
KEY WEST, FL 33040 US

Mailing Address
PO BOX 323
AIKEN, SC 29802 US

20064325



07082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0663687

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
DP
LAUGHLIN, MICHAEL
101 BEAVER DAM RD
AIKEN, SC 29801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Laughlin

07/08/05

(803) 648-3233

Date

Daytime Phone #

ATTACHMENT

20044325
P9600022046

FROM THE OFFICE OF
MICHAEL L. LAUGHLIN
POST OFFICE BOX 323
AIKEN, SOUTH CAROLINA 29802

803-648-3233

July 8th, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Dear Sir or Madam:

I recently received a card in the mail referencing the intent to dissolve the Coconut Development Corporation (FEI Number 65-0663687) due to failure to file its 2005 For Profit Corporation Annual Report. My office had received no prior notification that the filing of this form was pending.

I am enclosing payment in the amount of \$150.00 based on my conversation with your office during which I was informed that I should submit this letter.

Please inform me of any further information required to maintain active status.

Best Regards,



Robert Presson
Bookkeeper
Coconut Development Corporation