


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P96000038965.**  
 1. Entity Name  
 KOON CONTRACTING, INC.



Principal Place of Business 13401 106TH AVE N LARGO, FL 33774 US	Mailing Address 13401 106TH AVE N LARGO, FL 33774 US
--	--

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3394814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KOON, KAREN L  
 13401 106TH AVE N  
 LARGO, FL 33774

**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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD KOON, KAREN L 13401 106TH AVE N LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOON, JOSEPH W 13401 106TH AVE N LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000731338  
 05/09/07-80001-012 150.00

**DO NOT WRITE IN THIS SPACE**

**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:** *Karen L Koon* **KAREN L. KOON** **4-23-07** **727-593-9388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #