


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90186 027 ***150.00

DOCUMENT # P96000074075	
1. Entity Name KOKO HEAD, P.A.	

Principal Place of Business 9309 OLD KINGS RD S. STE 4 JACKSONVILLE, FL 32257 US	Mailing Address 9309 OLD KINGS RD S. STE 4 JACKSONVILLE, FL 32257 US
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50023824



2. Principal Place of Business 325 W. Kari Ct.	3. Mailing Address P.O. Box 600788
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142005 Chg-P CR2E034 (10/03)

City & State Jacksonville FL	City & State Fruit Cove, FL
Zip 32259	Zip 32260-0788
Country USA	Country USA

4. FEI Number 59-3395686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEAD, KOKO 9309 OLD KINGS RD STE 4 JACKSONVILLE, FL 32257	
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7. Name and Address of New Registered Agent Name: Koko Head, P.A. Street Address (P.O. Box Number is Not Acceptable): 325 W. Kari Ct. City: Jacksonville, FL Zip Code: 32259	
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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: *Koko Head, President* DATE: *2/14/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HEAD, KOKO 325 W KARI CT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEAD, DONNA L 325 W KARI CT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Koko Head, President* DATE: *2/14/05* DAYTIME PHONE #: *904-730-2220*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR