

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000042678**

1. Entity Name  
COON JETT, INC.



Principal Place of Business  
888 S. ANDREWS AVE  
SUITE 204  
FORT LAUDERDALE, FL 33316 US

Mailing Address  
888 S. ANDREWS AVE  
SUITE 204  
FORT LAUDERDALE, FL 33316 US



03072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0794417

Applied For  
Not Applicable

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

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

COON, THOMAS T JR  
888 S. ANDREW AVE  
SUITE 204  
FORT LAUDERDALE, FL 33316

**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, 2008 Fee will be \$550.00**

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

U000000306955  
05/05/08-80019-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COON, THOMAS T
STREET ADDRESS	888 S. ANDREWS AVE STE. 204
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	COON, JR T
STREET ADDRESS	888 S. ANDREWS AVE STE. 204
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	COON, JUDITH W
STREET ADDRESS	888 S. ANDREWS AVE STE. 204
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	MCINTOSH, ELIZABETH C
STREET ADDRESS	888 S. ANDREWS AVE STE. 204
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08 914-760-9111

Date

Daytime Phone #