2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jul 20, 2006 08:00 AM DOCUMENT # P98000066309 **Secretary of State** 1. Entity Name COCOBOLO, INC. Principal Place of Business Mailing Address 6500 47TH ST N 6500 47TH ST N UNIT 6 PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt # etc. 2nd MOORE CR2E034 (4/06) Applied For City & State City & State 4. FEI Number 59-3525398 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROUCH, WALTER E 2454 MADRID AVENUE Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR FL 34695 Zip Code 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607,193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition TITLE ☐ Delete MLE CROUCH, WALTER E NAME NAME U00000571534 2454 MADRID AVENUE STREET ADDRESS STREET ADDRESS 07/20/06-80014-007 150.00 SAFETY HARBOR FL 34695 CITY - ST - ZIP CITY - ST - ZIP MILL Delete TITLE ☐ Change Addition CROUCH, HARLAN P NAME NAME 2454 MADRID AVENUE STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE TITLE Change Addition FINLASON, FRANK A NAME NAME P.O. BOX 2999 BALBOZ STREET ADDRESS STREET ADDRESS REPUBLIC OF PANAMA CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZiP CITY - ST - ZiP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TIFLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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

SIGNATURE: JOHN TOWN THE HARLAN P. CROUCHT 18 TYLOG 727 52 1 OCIL

GRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylorie Prone ?

changed, or on an attachment with an asciress, with all other like empowered.