2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000091285

1. Entity Name
CORAL COVE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 369	P.O. BOX 369
BONITA SPRINGS, FL 34133-0369	BONITA SPRINGS, FL 34133-0369

DO NOT WRITE IN THIS SPACE

03142005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3537983		Not Applicable

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

6. Name and Address of Current Registered Agent

TUYLS, JOSHUA J
3645 BONITA BEACH RD.,STE.3
BONITA SPRINGS, FL 34134

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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 _____

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

U000000326818
04/25/05-80013-008 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	TUYLS, JOSHUA J
STREET ADDRESS	27852 LIME STREET
CITY ST ZIP	BONITA SPRINGS, FL 34133

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	
NAME	
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NAME	
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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: JOSHUA J TUYLS   4-19-05   (239)992-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #