

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 007 ***150.00

DOCUMENT # H59168

1. Entity Name

D. COOPER & ASSOCIATES, INC.



Principal Place of Business

728 SOUTH DILLARD STREET
WINTER GARDEN FL 34787-3908

Mailing Address

728 SOUTH DILLARD STREET
WINTER GARDEN FL 34787-3908

2. Principal Place of Business

3738 Sutters Mill Cir.

Suite, Apt. #, etc.

3. Mailing Address

3738 Sutters Mill Cir.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

Seminole

Zip

32707

Country

Seminole

4. FEI Number

59-2541025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, DOUGLAS L.
3738 SUTTERS MILL CIR.
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~DVT~~ ☐ Delete
NAME COOPER, DOUGLAS L.
STREET ADDRESS 3738 SUTTERS MILL CIR.
CITY-ST-ZIP CASSELBERRY FL

TITLE ~~DPS~~ ☐ Delete
NAME COOPER, RHEA M.
STREET ADDRESS 3738 SUTTERS MILL CIR.
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~DPS~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DVT~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Douglas L Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05
Date

407-699-8995
Daytime Phone #