


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-19-2004 90277 044 ***150.00

DOCUMENT # P02000060686

1. Entity Name
COOPER HOMES GROUP, INC.



Principal Place of Business
5223 HUNTERS RIDGE
9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655

Mailing Address
5223 HUNTERS RIDGE
9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655

66423726



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03222004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
COOPER, LEIGH R
9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent
 Name **LEIGH R. COOPER**
 Street Address (P.O. Box Number is Not Acceptable)
5223 HUNTERS RIDGE
 City **NEW PORT RICHEY** FL Zip Code **34655**

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: **LEIGH R. COOPER, PRESIDENT** DATE: **4/10/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COOPER, LEIGH R 9020 RANCHO DEL RIO DRIVE #101 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COOPER, DARREN J 9020 RANCHO DEL RIO DRIVE #101 NEW PORT RICHEY, FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **[Signature]** DATE: **4/10/04** DAYTIME PHONE: **(772) 315-9008**

Attachment

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#PO20000601086

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-1126897 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Cooper Homes Group Inc.					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 5223 Hunters Ridge			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code New Port Richey FL 34655 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Pinellas State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustee Leigh R Cooper			7b* SSN, ITIN, EIN 595-29-0022		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Construction <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) MAY 17 2004			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>					
13 Highest number of employees expected in the next twelve months <i>Note: if the applicant does not expect to have any employees during the period, enter "0"</i>				Agriculture 0	Household 0
Other 0					
14* Check box that best describes the principal activity of your business <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Real estate <input type="checkbox"/> Other (specify)					
<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail		<input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other	
15* Indicate principal line of merchandise sold; specific construction work done, products produced, or services provided. Homes					
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Note: if "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
18c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) - - - City and state where filed - - - Previous EIN - - -					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name		Designee's telephone number (include area code)		
Designee	Address and ZIP code		() - Designee's fax number (include area code) () -		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	
▶ Leigh R Cooper	Signature ▶ Not Required	Date ▶	May 17, 2004 GMT	(727) 375 - 9008 Applicant's fax number (include area code) (727) 375 - 1283	

Attachment

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#P02000000086



Internal Revenue Service
DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-1126897

Today's Date is: May 17, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.