


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90277 043 ***150.00

DOCUMENT # P02000131962

1. Entity Name
COOPER HOMES GROUP AT LONGLEAF, INC.



Principal Place of Business
5223 HUNTERS RIDGE
9020 RANCHO DEL RIO SUITE 102
NEW PORT RICHEY, FL 34654 34655

Mailing Address
5223 HUNTERS RIDGE
9020 RANCHO DEL RIO SUITE 102
NEW PORT RICHEY, FL 34654 34655



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
11-3667565

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

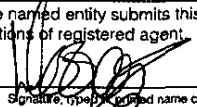
MOORE, STEVEN W
C/O STEVEN W. MOORE PA
8200 BRYAN DAIRY ROAD SUITE 300
LARGO, FL 33777

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** DATE **4/10/04**

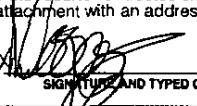
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, LEIGH 9020 RANCHO DEL RIO SUITE 102 NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, DARREN 9020 RANCHO DEL RIO SUITE 102 NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4/10/04** DAYTIME PHONE # **(727) 315-9008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR