2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90073 009 ***158.75

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1. Entity Name
COOPER PLUMBING & COMPANY, INC.

Principal Place of Business	Mailing Address
5863 STEWART STREET MILTON, FL 32570	5863 STEWART STREET MILTON, FL 32570

01232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5919 Stewart Street	5919 Stewart Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, Florida	City & State: Milton, Florida
Zip: 32570 Country: Santa Rosa	Zip: 32570 Country: Santa Ros

4. FEI Number: 20-0523477 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, JACKIE
5863 STEWART STREET
MILTON, FL 32570

7. Name and Address of New Registered Agent

Name: Jackie Cooper
Street Address (P.O. Box Number is Not Acceptable): 5919 Stewart Street
City: Milton FL Zip Code: 32570

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] Jackie Cooper 01.23.06
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, 2006 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, JACKIE 5863 STEWART STREET MILTON, FL 32570	☐ Delete	D/P Cooper, Jackie 5919 Stewart Street Milton, Florida 32570	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, VERA R 5863 STEWART STREET MILTON, FL 32570	☐ Delete	D/T/S Cooper, Vera R 5919 Stewart Street Milton, Florida 32570	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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

SIGNATURE: Vera R. Cooper Vera R. Cooper 01.23.06 850-623-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #