

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000171901
 1. Entity Name
 COPE AUTO REPAIR & BODY SHOP, INC.



Principal Place of Business Mailing Address
 1415 LOCKHART AVE 1415 LOCKHART AVE
 HAINES CITY, FL 33844 HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2568174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE JESUS GARCIA, CARLOS E
 2140 FLINTLOCK BLVD.
 KISSIMMEE, FL 34743

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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: *Carlos E. Garcia* DATE: 01-16-08

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, 2008 Fee will be \$550.00

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

000000790006
 01/23/08-80015-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEJESUS-GARCIA, CARLOS E
STREET ADDRESS	2140 FLINTLOCK BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Carlos E. Garcia* DATE: 01-16-08

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