


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90351 039 ***150.00

DOCUMENT # 251473 1. Entity Name THE COPELAND CO., INC.			
Principal Place of Business 6820 BENJAMIN RD 9 TAMPA, FL 33634 US		Mailing Address P.O. BOX 23493 TAMPA, FL 33623 US	
2. Principal Place of Business - No P.O. Box # 3701 W Cherry St		3. Mailing Address P.O. Box 23493	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33607		Zip 33623	
Country US		Country US	
4. FEI Number 59-0947237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTHRIE, HUGH 6820 BENJAMIN RD STE 9 TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Guthrie Hugh Street Address (P.O. Box Number is Not Acceptable) 3701 W Cherry St City TAMPA FL Zip Code 33607	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD NAME GUTHRIE, JEWEL STREET ADDRESS 14604 LOMA AVE CITY-ST-ZIP BROOKSVILLE, FL 34610	<input type="checkbox"/> Delete	TITLE SD NAME Guthrie Jewel STREET ADDRESS 4421 Ezelle Rd CITY-ST-ZIP Valdosta GA 31606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GUTHRIE, HUGH STREET ADDRESS 14604 LOMA AVE CITY-ST-ZIP BROOKSVILLE, FL 34610	<input type="checkbox"/> Delete	TITLE TD NAME Guthrie Hugh STREET ADDRESS 4421 Ezelle Rd CITY-ST-ZIP Valdosta GA 31606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GUTHRIE, HUGH STREET ADDRESS 14604 LOMA AVE CITY-ST-ZIP BROOKSVILLE, FL 34610	<input type="checkbox"/> Delete	TITLE PD NAME Guthrie Hugh STREET ADDRESS 4421 Ezelle Rd CITY-ST-ZIP Valdosta GA 31606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BUTERA, MARISA STREET ADDRESS 6624 JENNIFER DR CITY-ST-ZIP TEMPLE TERRACE, FL	<input type="checkbox"/> Delete	TITLE VP NAME BUTERA, MARISA STREET ADDRESS 6624 JENNIFER DR CITY-ST-ZIP TEMPLE TERRACE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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 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: <u>Marisa Butera VP</u>		Date <u>4/18/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	