

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90032 004 ***150.00

DOCUMENT # 311696

1. Entity Name

SAM COOPER JITNEY, INC.



Principal Place of Business

**360 AVENUE S.
RIVIERA BEACH FL 33404**

Mailing Address

**360 AVENUE S.
RIVIERA BEACH FL 33404**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/07)

4. FEI Number **59-6229382**

Applied For
Not Applicable

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

**COOPER, LORENZA
491 W 32ND ST
WEST PALM BEACH FL 33404**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007**

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 **P** ☐ Delete
NAME **COOPER, LORENZA**
STREET ADDRESS **491 32ND STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE **P** ☒ Change ☐ Addition
NAME **LORENZA Cooper**
STREET ADDRESS **491 W 32nd St**
CITY-ST-ZIP **Riviera Bch, FL 33404**

TITLE **S** ☒ Delete
NAME **COOPER, EDITH**
STREET ADDRESS **491 32ND STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **S** ☐ Change ☒ Addition
NAME **Edith Cooper**
STREET ADDRESS **491 W 32nd St**
CITY-ST-ZIP **Riviera Bch, FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Brenda Cooper**
STREET ADDRESS **491 W 32nd St**
CITY-ST-ZIP **Riviera Bch, FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

LORENZA Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/07
Date

561 644-5497
Daytime Phone #