

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90015 033 ***150.00

DOCUMENT # 394481

1. Entity Name

BILL COOPER, INC.



Principal Place of Business

**3500 S.W. 50TH AVENUE
FORT LAUDERDALE FL 33314**

Mailing Address

**3500 S.W. 50TH AVENUE
FORT LAUDERDALE FL 33314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL 33314

City & State

Davie, FL 33314

Zip

Country

Zip

Country

4. FEI Number

59-1372153

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, ROBERT H
3505 FIELD RD
FT LAUDERDALE FL**

Name

Robert H. Cooper

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

3500 SW 50th Avenue

City
Davie

FL

Zip Code
33314

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

Robert H. Cooper

1-20-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

**PD
COOPER, ROBERT H
3505 FIELD ROAD
FT LAUDERDALE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**3500 SW 50 Avenue
Davie, FL 33314**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
COOPER, SHERRY J
3505 FIELD ROAD
FT LAUDERDALE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**3500 SW 50 Avenue
Davie, FL 33314**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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

Robert H. Cooper

1-20-05

954/587-2628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #