## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2008 08:00 AM Secretary of State

ANNUAL REPORT			ren 13, 2000 00:00			
DOCUMENT # 517780  1. Entity Name COOPER APPLIANCES AND SERVICE, INC.			Secretary of Sta			
ncipal Place of Business Mailing Address 3600 NW BOCA RATON BLVD 10 1710 CCA RATON, FL 33431 US BOCA RATON, FL 33431		os				
DO NOT WRITE	IN THIS SDA	CE.	02102008	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	R2E034 (11/05)	
DO NOT WRITE	IN THIS SPA	CE,	4. FEI Number 59-1709	156	Applied For Not Applicable  \$8.75 Additional	
6. Name and Address of Current Reg			5. Certificate o	of Status Desired	Fee Required	
FARRINGTON, GREGORY 728 OSCEOLA DRIVE BOCA RATON, FL 33432  8. The above named entity submits this statement for the the obligations of registered agent.	e purpose of changing its register	ed office or register	IN T	NOT WRI	CE	
SIGNATURE	itle il applicable (NOTE: Registere	ed Agent signature required	J when reinstaung)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10. OFFICERS AND DIF	RECTORS	,		in the second	, * * * * * * * * * * * * * * * * * * *	
NAME FARRINGTON, GREGORY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432		The second of th				
NAME STREET ADDRESS CITY-SI-ZIP				000000828 02/26/08 <sub>7</sub> 800	626555 09-0041150.00	
TILE NAME STREET ADDRESS CITY-SI-ZIP			ĎO	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			IN T	HIS SPA	CE	
TITLE						

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 truetee 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

2/11/08

561-391-1995