# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

539306

1. Entity Name
THE COOPER COMPANY, INC.

Principal Place of Business
93 BAY BRIDGE
PO BOX 726
GULF BREEZE, FL 32561 US

Mailing Address
PO BOX 726
PO BOX 726
GULF BREEZE, FL 32562 US

01272005

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1757320

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75

6. Name and Address of Current Registered Agent

COOPER, STEPHEN E
212 CORDOBA STREET
GULF BREEZE, FL 32561

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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 _____
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**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | COOPER, STEPHEN E |
| STREET ADDRESS | 212 CORDOBA STREET |
| CITY-ST-ZIP | GULF BREEZE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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04/25/05-80048-015 150.00

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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:** Stephen E. Cooper STEPHEN E. COOPER 4/21/05 850-93205005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #