

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 558503

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** KOPAS STABLES, INC.

**Current Principal Place of Business:**

1736 FAIRVIEW SHORES DR.  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1736 FAIRVIEW SHORES DR.  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-1803047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIESEL, BERNARD  
555 WINDERLEY PLACE  
SUITE 114  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** KOPAS, JACK  
**Address:** 1736 FAIRVIEW SHORES DR.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** STD  
**Name:** KOPAS, ALICE  
**Address:** 1736 FAIRVIEW SHORES DR.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** VD  
**Name:** KOPAS, JOHN  
**Address:** 1736 FAIRVIEW SHORES DR.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** V  
**Name:** KOPAS, ROGER  
**Address:** 1736 FAIRVIEW SHORES DR.  
**City-St-Zip:** ORLANDO, FL 32804

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALICE KOPAS

STD

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date