

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 587462

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** COPELAND WELDING AND MUFFLER SHOP, INC.

**Current Principal Place of Business:**

484 LIME STREET  
JACKSONVILLE, FL 322042777

**New Principal Place of Business:**

**Current Mailing Address:**

484 LIME STREET  
JACKSONVILLE, FL 322042777

**New Mailing Address:**

**FEI Number:** 59-1854175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COPELAND, RAYMOND R JR.  
6130 CARLTON RD  
JACKSONVILLE, FL 32244 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: P  
Name: COPELAND, RAYMOND R JR  
Address: 6130 CARLTON RD  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: ST  
Name: COPELAND, ALLYSON  
Address: 6055 CARLTON RD  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP  
Name: COPELAND, RANDALL R  
Address: 6055 CARLTON RD.  
City-St-Zip: JACKSONVILLE, FL 32244 US

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: RAYMOND R COPELAND JR

P

04/27/2012

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

\_\_\_\_\_  
Date