


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000002496</b>	
1. Entity Name <b>COOPER COIL COATING, INC.</b>	

Principal Place of Business <b>5110 140TH AVE NORTH CLEARWATER, FL 33760 US</b>	Mailing Address <b>5110 140TH AVE NORTH CLEARWATER, FL 33760 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>58-2050685</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SASTRI, VENKI H  
5110 140TH AVENUE NORTH  
CLEARWATER, FL 33760**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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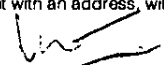
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SASTRI, M S 5110 140TH AVE N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SASTRI, JHOOLA 5110 140TH AVE N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SASTRI, VENKI 5110 140TH AVE N CLEARWATER, FL 33760
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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 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:**  **M. S. SASTRI** *M.S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/17/08* Daytime Phone # *727 535-6160*