


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006226
 1. Entity Name
 COOPER'S STEEL FABRICATORS, INC.



Principal Place of Business
 503 NORTH HILLCREST DR.
 SHELBYVILLE, TN 37160

Mailing Address
 P.O. BOX 149
 SHELBYVILLE, TN 37162-0149

DO NOT WRITE IN THIS SPACE



02202006 No Chg-F CR2E034 (11/05)

4. FEI Number
 62-1040167 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, J. KENNETH P.O. BOX 149 SHELBYVILLE, TN 371620149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, GARY K P.O. BOX 149 SHELBYVILLE, TN 371620149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, FAYE W P.O. BOX 149 SHELBYVILLE, TN 371620149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, BARRY D P.O. BOX 149 SHELBYVILLE, TN 371620149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/05/06-80041-007 150.00

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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:  **4/19/06 931-684-7962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #