


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 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



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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 05/15/07-80085-010 150.00

**DO NOT WRITE IN THIS SPACE**

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: [Signature] TREASURER 4/24/07 931-684-7962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #