2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H07757

1. Entity Name
KOPPEN, WATKINS, PARTNERS & ASSOCIATES, A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
900 W LINTON BLVD STE 202 DELRAY BEACH, FL 33444	900 W LINTON BLVD STE 202 DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2450368

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOPPEN, ROBERT A
900 W LINTON BLVD STE 202
DELRAY BEACH, FL 33444-8165

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOPPEN, ROBERT A
STREET ADDRESS	900 W LINTON BLVD STE 202
CITY-ST-ZIP	DELRAY BEACH, FL 334448165
TITLE	SD
NAME	KOPPEN, DANIEL R
STREET ADDRESS	900 W LINTON BLVD STE 202
CITY-ST-ZIP	DELRAY BEACH, FL 334448165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/05/08-80018-011 150.00

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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: _____ 1/23/08 561-279-9872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert A. Koppen