2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

ANNUAL REPURI				Apr 10, 2007 00.		
DOCUMENT # H35	377	200			Secretary of S	
1. Entity Name						
MICHAEL J. COOPER, P. /	۸.					
Principal Place of Business	Mailing Address					
% MICHAEL J. COOPER	% MICHAEL J. COOPER					
321 NW THIRD AVENUE OCALA, FL 34475 US	321 NW THIRD AVENUE Ocala, Fl 34475 US					
OUNEN, IE 34473 03						
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50 1107 11		04122007	No Chg-P	CR2E034 (11/05)		
DO NOT W	ACE	4. FEI Numb		Applied For		
	The transfer of the same of the		59-247		Not Applicable \$8.75 Additional	
	and the same		5. Certificate	e of Status Desired	Fee Required	
6. Name and Addres	ss of Current Registered Agent					
COOPER, MICHAEL J.			DΩ	NOT W	DITE	
321 NW THIRD AVENUE		DO NOT WRITE				
OCALA, FL 32670			IN '	THIS SF	PACE	
	·					
8. The above named entity submits thi the obligations of registered agent	s statement for the purpose of changing its regis	stered office or registe	red agent, or bo	oth, in the State of Fig	orida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name	of registered agent and title if applicable (NOTE Regi	stered Agent signature require	d when reinstating)	Honon	0703378	
9. Election Campaign Financing				04/24/07	-80111-019 150.00	
FILE NOW!!! FEE IS \$ After May 1, 2007 Fee wil	130.00		.00 May Be ded to Fees			
	FICERS AND DIRECTORS		· · · · · · · · · · · · · · · · · · ·			
IIILE DP						
NAME COOPER, MICHAEL STREET ADDRESS 321 NW THIRD AVE		i				
CITY-ST-ZIP OCALA, FL						
TITLE						
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME		ĺ				
STREET ADDRESS			DO	NOT W	RITE	
CITY-ST-ZIP			-		-	
TITLE NAME			IN	THIS SI	PACE	
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP			,			
TITLE	· · · · · · · · · · · · · · · · · · ·					

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 algorithm of the corporation of 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ILES JOENT

OR DIRECTOR

1 (357) 732-4501