

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90024 043 ***150.00

DOCUMENT # H55044 1. Entity Name COPPOLA PLASTERING, INC.	
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Principal Place of Business 5015 SW LUDLUM ST 5015 SW LUDLUM ST. PALM CITY, FL 34990 US	Mailing Address 5015 LUDLUM ST. 5015 SW LUDLUM ST. PALM CITY, FL 34990 US
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60018108



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02122007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 59-2533723	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent COPPOLA, JAMES 5015 SW LUDLUM ST PALM CITY, FL 33442-0028	7. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPPOLA, JAMES			NAME			
STREET ADDRESS	5015 SW LUDLUM ST.			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVENPORT, JOE			NAME			
STREET ADDRESS	4937 S.W. 83RD ST.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 34490			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, RICKY JOE			NAME			
STREET ADDRESS	5015 SW LUDLUM ST			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 empowers.

SIGNATURE: James M Coppola Date: 2/12/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

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DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2533723	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

60018108

6. Name and Address of Current Registered Agent

COPPOLA, JAMES
 5015 SW LUDLUM ST
 PALM CITY, FL 33442-0028

**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.

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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPPOLA, JAMES 5015 SW LUDLUM ST. PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVENPORT, JOE 4937 S.W. 83RD ST. WEST PALM BEACH, FL 34490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, RICKY JOE 5015 SW LUDLUM ST PALM CITY, FL 34990
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SIGNATURE: *X James M Coppola* _____ *2/6/07* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #