

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81337

Entity Name: COPPERHEAD, INC.

FILED
Mar 31, 2004
Secretary of State

Current Principal Place of Business:

9348 HAPPY TRAIL
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

4436 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Current Mailing Address:

9348 HAPPY TRAIL
BROOKSVILLE, FL 34601 US

New Mailing Address:

4436 COMMERCIAL WAY
SPRING HILL, FL 34606 US

FEI Number: 65-0200256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, TIMOTHY P
9348 HAPPY TRAIL
BROOKSVILLE, FL 34601

Name and Address of New Registered Agent:

ROBINSON, TIMOTHY P
4436 COMMERCIAL WAY
SPRING HILL, FL 34606

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.

SIGNATURE: TIMOTHY P. ROBINSON

03/31/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ROBINSON, TIMOTHY P.,
Address: 9348 HAPPY TRAIL
City-St-Zip: BROOKSVILLE, FL 34601

Title: DS () Delete
Name: FERRIES-ROBINSON, LU, ANNE
Address: 9348 HAPPY TRAIL
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ROBINSON, TIMOTHY P.,
Address: 11900 S. OAKVIEW AVE.
City-St-Zip: FLORAL CITY, FL 34436

Title: DS (X) Change () Addition
Name: FERRIES-ROBINSON, LU, ANNE
Address: 11900 S. OAKVIEW AVE.
City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY P. ROBINSON

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03/31/2004

Electronic Signature of Signing Officer or Director

Date