2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P00000012123 Feb 27, 2006 08:00 AM **Secretary of State** COOPER COMMERCE CENTER ONE, INC. Principal Place of Business Mailing Address 970 OCOEE-APOPKA ROAD APOPKA FL 32703 970 OCOEE-APOPKA ROAD APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3626212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 970 OCOEE-APOPKA ROAD APOPKA FL 32703 City 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 (NOTE Registered Agent signature required when rous/alrea) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete THILE Addition Change U00000449422 COOPER, MICHAEL R NAME MAME Ú3/09/06-80054-009 150.00 STREET ADDRESS 970 OCOEE APOPKA ROAD STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 TITLE Delete TELLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE D Delete ☐ Addition THILE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BIANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Change 🗀 Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP 1174-51-21P I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier entail 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 of truetee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 12. I hereby certify that the information

ike empowered.

if changed, or on an attachment we

n address