

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000048904

1. Entity Name  
CALL A COPP, INC.



Principal Place of Business

10837 OLD TAMPA RD  
PARRISH, FL 34219 US

Mailing Address

10837 OLD TAMPA RD  
PARRISH, FL 34219 US



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1011545

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

COPP, PATRICIA T  
10837 OLD TAMPA RD  
PARRISH, FL 34219

**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.

SIGNATURE

*Patricia T Copp*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-29-08

DATE

**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**

U000000873394  
04/10/08-80078-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	COPP, PATRICIA T
STREET ADDRESS	10837 OLD TAMPA RD
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	DV
NAME	COPP, NORMAN E
STREET ADDRESS	10837 OLD TAMPA RD
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Patricia T. Copp* Patricia T. COPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-08 941-758-7777