

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P0100009704

1. Entity Name
COPLEN PLASTERING INC.



Principal Place of Business
2994 AIRPORT RD
CRESTVIEW, FL 32539

Mailing Address

2994 AIRPORT RD
CRESTVIEW, FL 32539

FILED
Apr 02, 2008 08:00 AM
Secretary of State



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3694788	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COPLEN, STEVEN G PT
2994 AIRPORT RD.
CRESTVIEW, FL 32539

**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

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

(NOTE: Registered Agent signature required when renewing)

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

U000000877595
04/14/08-00020-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COPLEN, STEVEN G 2994 AIRPORT RD. CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COPLEN, SHAWN P 2994 AIRPORT RD CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: *Steven G. Coplen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-08 850-29-1250
Date Daytime Phone #