

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122005

Entity Name: COOPER'S INC.

FILED
Jul 07, 2004
Secretary of State

Current Principal Place of Business:

13003 CORTEZ BLVD.
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

11158 MILGATE CT
BROOKSVILLE, FL 34614

New Mailing Address:

FEI Number: 30-0009714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, MARIANNE
13003 CORTEZ BLVD
BROOKSVILLE, FL 34613

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOPER, MARIANNE
Address: 11158 MILGATE CT
City-St-Zip: BROOKSVILLE, FL 34614

Title: V () Delete
Name: COOPER, WILLIAM D III
Address: 11158 MILGATE CT
City-St-Zip: BROOKSVILLE, FL 34614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIANNE COOPER

P

07/07/2004

Electronic Signature of Signing Officer or Director

Date