## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 14, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P02000060686 1. Entity Name COOPER HOMES GROUP, INC. Principal Place of Business Mailing Address 5223 HUNTERS RIDGE -5223-HUNTERS RIDGE NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1126897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COOPER, LEIGH R DO NOT WRITE **5223 HUNTERS RIDGE** NEW PORT RICHEY, FL 34655 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 $\Box$ Trust Fund Contribution Added to Fees 10, OFFICERS AND DIRECTORS TITLE COOPER, LEIGH R NAME STREET ADDRESS **5223 HUNTERS RIDGE** CITY-ST-ZIP --NEW PORT RICHEY, FL 34655 VPS u00000895848 24/08-80084-013 150.00 TITLE ... NAME COOPER, DARREN J STREET ADDRESS 5223 HUNTERS RIDGE CITY-ST-ZIP NEW PORT RICHEY, FL 34685 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE, C.

12. Thereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

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Davtime Phone 6