## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P02000107007**

1. Entity Name

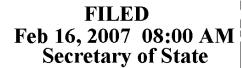
COOPERATIVE BUSINESS SOLUTIONS, INCORPORATED

Principal Place of Business

Mailing Address

**5016 PURITAN CIRCLE** TAMPA, FL 33617

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02122007 No Chg-P

Applied For 4. FEI Number 35-2185043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SILVER, SAMUEL THOMAS III **5016 PURITAN CIRCLE** TAMPA, FL 33617

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol> |  |       |        |                                |   |
|--|--|-------|--------|--------------------------------|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE   |  |       |        |                                |   |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financian Trust Fund Contribution.  |  |       | cing 🔲 | \$5.00 May Be<br>Added to Fees |   |
| 10.  | OFFICERS AND DIREC   | CTORS |        |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>SILVER, SAMUEL THOMAS III<br>P.O. BOX 290763<br>TEMPLE TERRACE, FL 33687 |       |        |                                | U00000638242<br>02/27/07-80023-001 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |        |                                | 02727707 00023 001 130,00                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |        | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |        | IN '                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |        |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |        | -                              |   |

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 expect this report as motived 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.