2004 FOR PROFIT CORPORATION ANNUAL REPORT 5/6/2004-90177-018-\$150.00-\$150.00 **DOCUMENT # P03000039393** pt HL 22 PM 4:37 M. COOPER HOLDING COMPANY, INC. THE STATE Mailing Address Principal Place of Business 13907 LAZY-OAK DR. 13907 LAZY-OAK DR. **IAMPA**, FL 33613 TAMPA, FL 33613 Mailing Address 2. Principal Place of Business **1ろろろろ** 13333 N. 5 Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-P CR2E034 (10/03) 4. EEI Number 55 - 082 Applied For City & State City & State <u>cumbe</u> Not Applicable ampa Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent ADDRESS CHANGE COOPER, MARK 13333-N-56th St. 19907 LAZY DAK DR. TAMPA FL 33013 TAMPA, FL 33617 8. The above named entity nent for the purpose of changing its registered office or register d agent, or both, in the State of Florida. I am famili the obligations of regis (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P. Delete TITLE ☐ Change ~ ■ Addition TITLE NAME NAME Vark Coo STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filling does not qualify 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 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. changed, or on an attachment with an address, with all other 813-971-3888 SIGNATURE: