


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90042 021 ***558.75

DOCUMENT # P03000057251

1. Entity Name
COPELAND & CORDERO INSURANCE AND FINANCIAL SERVICES, INC.



Principal Place of Business
~~1360 WHITFIELD AVE.~~ *1404 Whitfield Ave*
 SARASOTA, FL 34243

Mailing Address
~~1360 WHITFIELD AVE.~~ *1404 Whitfield Ave*
 SARASOTA, FL 34243

40123280



06282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0021139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COPELAND, BERNITHA T
 1360 WHITFIELD AVE.
 SARASOTA, FL 34243

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 reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, BERNITHA T 1360 WHITFIELD AVE. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORDERO, MARCO A 1360 WHITFIELD AVE SARASSOTA, FL 34243
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 ~~the~~ empowered.

SIGNATURE: *Bernitha T Copeland* **7/2/07** *94-727-9912*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #