

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90002 011 ***150.00

FILED P03000078596

05 JUN 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
K. Roberts

DOCUMENT # P03000078596

1. Entity Name
KOOP ENTERPRISES, INC.



Principal Place of Business
412 SOUTH WOODLAND BOULEVARD
DELAND, FL 32720 US

Mailing Address
412 SOUTH WOODLAND BOULEVARD
DELAND, FL 32720 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

05132005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0795419

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOOP, COLETTE A
938 NORTH AMEILA AVENUE
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
412 S WOODLAND BLVD.
City DELAND FL Zip Code 32720

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: COLETTE A. KOOP
Signature, typed or printed name of registered agent and title if applicable

Colette A. Koop 6-6-05
(NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KOOP, COLETTE A	938 NORTH AMEILA AVE	DELAND, FL 32724	<input type="checkbox"/>
V	SWANN, KATHLEEN K	1525 BLACKWELDER ROAD	DELEON SPRINGS, FL 32130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		412 S. WOODLAND BLVD.	DELAND, FL 32720	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Colette A. Koop* COLETTE A. KOOP, PRES. 6-6-05 (386) 734-7592
Signature and typed or printed name of signing officer or director Date Daytime Phone #