


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90255 040 \*\*\*150.00

<b>DOCUMENT # P03000134635</b>													
<b>1. Entity Name</b> COPPER, INC.													
<b>Principal Place of Business</b> 4299 ALICE ST EDGEWATER, FL 32141			<b>Mailing Address</b> 4299 ALICE ST EDGEWATER, FL 32141										
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>										
Suite, Apt. #, etc.			Suite, Apt. #, etc.										
City & State			City & State										
Zip		Country		Zip									
Country		Country		04262004    Chg-P    CR2E034 (10/03)									
<b>4. FEI Number</b> 20-0418610				<b>Applied For</b> <input type="checkbox"/> Not Applicable									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  BUSINESS FILINGS INCORPORATED 660 E JEFFERSON ST TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> <b>Name</b>                      LESTER P. LOVELESS                 </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Street Address (P.O. Box Number is Not Acceptable)</b>                      3769 LONG GROVE LANE                 </td> </tr> <tr> <td style="padding: 2px;"> <b>City</b>                      PORT ORANGE                 </td> <td style="padding: 2px;"> <b>FL</b> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Zip Code</b>                      32129                 </td> </tr> </table>			<b>Name</b> LESTER P. LOVELESS		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3769 LONG GROVE LANE		<b>City</b> PORT ORANGE	<b>FL</b>	<b>Zip Code</b> 32129	
<b>Name</b> LESTER P. LOVELESS													
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3769 LONG GROVE LANE													
<b>City</b> PORT ORANGE	<b>FL</b>												
<b>Zip Code</b> 32129													
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: bottom;"> <b>SIGNATURE</b> <i>Lester P. Loveless</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:50%; vertical-align: bottom;"> <b>LESTER P. LOVELESS</b>    4/26/04  <small>(NOTE: Registered Agent signature required when reinstating)    DATE</small> </td> </tr> </table>						<b>SIGNATURE</b> <i>Lester P. Loveless</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>LESTER P. LOVELESS</b> 4/26/04 <small>(NOTE: Registered Agent signature required when reinstating)    DATE</small>						
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>										
<b>TITLE</b> D	<b>NAME</b> SUMMERS, JANET		<input type="checkbox"/> Delete	<b>TITLE</b> D/VP/T	<b>NAME</b> Summers, Janet		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
<b>STREET ADDRESS</b> 4299 ALICE ST	EDGEWATER, FL 32141		CITY-ST-ZIP	<b>STREET ADDRESS</b> 4299 Alice St	Edgewater, FL 32141		CITY-ST-ZIP						
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