


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 002 ***150.00

DOCUMENT # P03000142120 1. Entity Name CLIFFORD B. COOPER, INC.					
Principal Place of Business 10720 E. FOUNDER DR. FLORAL CITY, FL 34426			Mailing Address 10720 E. FOUNDER DR. FLORAL CITY, FL 34426		
2. Principal Place of Business 10720 E. FLOUNDER DR. Suite, Apt. #, etc.		3. Mailing Address 10720 E. FLOUNDER DR. Suite, Apt. #, etc.			
City & State		City & State			
Zip 34436	Country	Zip 34436	Country	4. FEI Number 753141319	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOPER, HEIDI L 10720 E. FOUNDER DR. FLORAL CITY, FL 34426			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10720 E. FLOUNDER DR. City FL Zip Code 34436		
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: <u>Heidi L. Cooper</u> DATE: <u>4-1-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COOPER, CLIFFORD B 10720 E. FOUNDER DR. FLORAL CITY, FL 34426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10720 E. FLOUNDER DR. 34436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COOPER, HEIDI L 10720 E. FOUNDER DR. FLORAL CITY, FL 34426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10720 E. FLOUNDER DR. 34436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>HEIDI L. COOPER Heidi L. Cooper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-1-04</u>		Daytime Phone # <u>352-726-1593</u>

54025233



03162004 Chg-P CR2E034 (10/03)