2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03009156955

1. Entity Name BUILT-RITE BY COOPER, INC.

FILED
Apr 06, 2005 08:00 AM
Secretary of State

Principal Place of Business

2053 MONICA AVENUE SPRINGHILL, FL 34609 L

115

6. Name and Address of Current Registered Agent

Mailing Address

2053 MONICA AVENUE SPRINGHILL, FL 34609

US



352-688-3312

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

4. FEI Number

	#(##)[(((BEIII BEIII BE	2) 21 2 4 4 4 4 4 4 4 4 4	
03252005	No Chg-P	CR2E034 (10/03)	

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

59-3490856

COOPER, MICHAEL S 2053 MONICA AVENUE SPRINGHILL, FL 34609

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 trie if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **Selection Campaign Financing** Trust Fund Contribution** Added to 1							
10.	OFFIČERŠ AND DĪŘE	CTORS "					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT COOPER, MICHAEL S 2053 MONICA AVENUE SPRINGHILL, FL 34609				110000000000000		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VPDS COOPER, MICHELLE A 2053 MONICA AVENUE SPRINGHILL, FL 34609		:		19999999999999999999999999999999999999		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
12. I hereby of indicated of the corchanged	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	illing does not qualify for the exer and accurate and that my signat d to execute this report as requir Il other like empowered.	nption state ure shall ha ed by Chap	d in Section 119.07(3) ve the same legal effe ter 607, Florida Statut	(f), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or directores, and that my name appears in Block 10 or Block 11 if		