

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000027342**

1. Entity Name  
COPE HOMES, INC.



Principal Place of Business  
1885 STATE ROAD 207  
ST. AUGUSTINE, FL 32086

Mailing Address  
1885 STATE ROAD 207  
ST. AUGUSTINE, FL 32086



08212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2447154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

COPE, A. WAYNE  
855 CHERRY TREE ROAD  
ST. AUGUSTINE, FL 32086

**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 \$150.00**  
**Due by September 6, 2006**

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	P
NAME	COPE, A. WAYNE
STREET ADDRESS	855 CHERRY TREE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32086

TITLE	VP
NAME	COPE, ALTON W
STREET ADDRESS	97 DOLPHIN DRIVE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/23/06-20001-007 150.00

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #