

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90047 049 \*\*\*150.00

DOCUMENT # P04000037477

1. Entity Name

DAVID COOPER'S CONSTRUCTION, INC.



Principal Place of Business

2449 HAYES AVENUE  
PORT ST. JOE FL 32456

Mailing Address

2449 HAYES AVENUE  
PORT ST. JOE FL 32456

2. Principal Place of Business

2449 Hayes Ave  
Suite, Apt. #, etc.

3. Mailing Address

2449 Hayes Ave  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Port St Joe Fla

Zip  
32456

Country

Gulf

City & State

Port St Joe Fla

Zip  
32456

Country

Gulf

4. FEI Number

37-1485863

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, DAVID  
2449 HAYES AVENUE  
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, DAVID	
STREET ADDRESS	2449 HAYES AVENUE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOPER, LINDA	
STREET ADDRESS	2449 HAYES AVENUE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACK, TEMKA	
STREET ADDRESS	2449 HAYES AVENUE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Linda Cooper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05 (850) 229-2775

Date

Daytime Phone #