

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # P04000039042

1. Entity Name
INVESTOR RESOURCES, INC.



Principal Place of Business
9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257

Mailing Address
9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1401003

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COPELAND, DANIEL M
9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257

**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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	COPELAND, DANIEL M
STREET ADDRESS	4686 SUNBEAM RD, STE 216
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	D/P
NAME	COPELAND, SHARON L
STREET ADDRESS	12444 MANDARIN ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	D/P
NAME	COPELAND, JUSTIN M
STREET ADDRESS	11876 NARROW OAKS LANE SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/26/07-80034-023 150.00

**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 #

Sharon L. Copeland 1/22/07 904-482-0616