2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State
01-26-2005 90001 030 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000048309

1. Entity Name

CLIFF COPPEN WOODWORKING, INC.

Principal Place of Business	Mailing Address
42 CHESHIRE STREET PORT CHARLOTTE FL 33953 US	42 CHESHIRE STREET PORT CHARLOTTE FL 33953 US

2. Principal Place of Business		3. Mailing Address	
Same as Above		Same As Above	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: Port Charlotte FL		City & State: Same As Above	
Zip: 33953	Country: U.S.A.	Zip: S A A	Country: U.S.A.

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

COPPEN, CLIFFORD J
42 CHESHIRE STREET
PORT CHARLOTTE FL 33953

7. Name and Address of New Registered Agent

Name: Clifford J Coppen
Street Address (P.O. Box Number is Not Acceptable): Same As Above
" " "
City " " " FL Zip Code 33953

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]
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 | **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	☐ Delete
NAME	COPPEN, CLIFFORD J	
STREET ADDRESS	42 CHESHIRE STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33593	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

☐ Change ☐ Addition (×6)

Please Note!
This whole Senerio
is most distressing
I am alone in business
No employees
SOLE PROPRIETOR
All this additional cost
and exercise in futility
is simply to receive
an exemption for
W/Comp for me to
satisfy the County

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: [signature] Clifford J Coppen 1/21/05 941 764 6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #