

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # P04000065296

1. Entity Name
J. COPELAND CORP.



Principal Place of Business
9131 COLLEGE PKWY. 13-B
FT. MYERS, FL 33919

Mailing Address
9131 COLLEGE PKWY. 13-B
FT. MYERS, FL 33919



05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1104810	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COPELAND, B. GARRET
1394 TREDEGAR DRIVE
FT. MYERS, FL 33919

**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	COPELAND, JAMES M
STREET ADDRESS	9131 COLLEGE PKWY. 13-B
CITY- ST- ZIP	FT. MYERS, FL 33919
TITLE	ST
NAME	COPELAND, SUSAN K
STREET ADDRESS	9131 COLLEGE PKWY. 13-B
CITY- ST- ZIP	FT. MYERS, FL 33919
TITLE	VP
NAME	COPELAND, TAMRA
STREET ADDRESS	9131 COLLEGE PKWY. 13-B
CITY- ST- ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/20/06-80045-007 150.00

**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 #

05-10-06