

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90220 031 ***150.00

DOCUMENT # P04000072263

1. Entity Name

COOPER CONSTRUCTION CLEAN-UP CORPORATION



Principal Place of Business

3126 TERRAMAR CT
NAPLES FL 34119

Mailing Address

3126 TERRAMAR CT
NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-13865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, CHRISTOPHER
3126 TERRAMAR CT
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

Kyle N. Williamson

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

c/o Chastang Ferrell Sims & Eiserman LLC

999 Vanderbilt Beach Rd Suite 601

City

Naples

FL

Zip Code
34108

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)

2/13/05
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	D	<input type="checkbox"/> Delete
NAME	COOPER, CHRISTOPHER	
STREET ADDRESS	3126 TERRAMAR CT	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, ROBERT	
STREET ADDRESS	3126 TERRAMAR CT	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, STUART	
STREET ADDRESS	3126 TERRAMAR CT	
CITY-ST-ZIP	NAPLES FL 34119	
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
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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 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:

Christopher Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-05

239-597-2667

Date

Daytime Phone #