

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90051 020 ***150.00

DOCUMENT # P04000072263

1. Entity Name
COOPER CONSTRUCTION CLEAN-UP CORPORATION



Principal Place of Business
**3441 FIRST AVENUE NORTHWEST
NAPLES, FL 34120 US**

Mailing Address
**3441 FIRST AVENUE NORTHWEST
NAPLES, FL 34120 US**

40116881



05062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1013865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMSON, KYLE N
%CHASTANG FERRELL SIMS & EISERMAN LLC
999 VANDERBILT BEACH RD STE 601
NAPLES, FL 34108**

**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 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOPER, CHRISTOPHER
3426 TERRAMAR CT 3441 1st Ave NW
NAPLES, FL 34119 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOPER, ROBERT
3426 TERRAMAR CT 3441 1st Ave NW
NAPLES, FL 34119 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOPER, STUART
3426 TERRAMAR CT 3441 1st Ave NW
NAPLES, FL 34119 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

403-2667