2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90076 014 ***150.00

DOCUMENT # P04000072263 1. Entity Name COOPER CONSTRUCTION CLEAN-UP CORPORATION									
Principal Place	e of Business		1						
3441 FIRST AVENUE NORTHWEST NAPLES, FL 34120 US		3441 FIRST AVENUE NORTHWEST NAPLES, FL 34120 US			40007963				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142008 Chg-P		CR2E034 (12/06)		
City & State		City & State			4. FEI Number 20-1013865				olied For Applicable
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired		5 Addit equired	
	Address of New R	egistered Agent							
	ON 104 F N		Name						
WILLIAMSON, KYLE N %CHASTANG FERRELL SIMS & EISERMAN LLC				Street Address (P.Q. Box Number is Not Acceptable)					
999 VANDERBILT BEACH RD STE 601 NAPLES, FL 34108				344 (24 Y 28	we h	(W)		
,	A		CityUASC		——— కన		FL Z	o Code 34 (30
8. The above named study 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 segistered agent.									
SIGNATURE PRZS (DENT 1-14-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS	D COOPER, CHRISTOPHER 3441 1ST AVE NW	☐ Delete		IE Eet address			□ c	hange	Addition
CITY-ST-ZIP	NAPLES, FL 34120			-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ROBERT 3441 1ST AVE NW NAPLES, FL 34120	☐ Delete		Į.			□ c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, STUART 3441 1ST AVE NW NAPLES, FL 34120	☐ Delete		i			<u></u> □ cı	hange	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l			C	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delirle		1			c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete					☐ c	hange	Addition .
12. I hereby of indicated of the cor	certify that the information supplied wi on this report or suppliemental report poration or the receiver or trustee emp	th this filing does not qualify for is true and accurate and that n powered to execute this report	r the ex ny signa as requ	emptions contained ture shall have the ired by Chapter 60	d in Chapter 119 same legal effec 7, Florida Statute	, Florida Statutes, t t as if made under on s; and that my nam	further certify that bath; that I am an e appears in Bloc	t the in officer of k 10 or	formation or director Block 11 if