

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108549

Entity Name: COPPOLA ENTERPRISES, INC.

FILED  
Jan 03, 2007  
Secretary of State

**Current Principal Place of Business:**

1022 SPRING GARDEN STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

1022 SPRING GARDEN STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 01-0818177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COPPOLA, PATRICIA  
1022 SPRING GARDEN STREET  
ATLAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COPPOLA, PATRICIA  
Address: 1022 SPRING GARDEN STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA COPPOLA

PD

01/03/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date