


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90260 018 ***150.00

DOCUMENT # P04000128506 1. Entity Name COPAN CORP.					
Principal Place of Business 2310 TALL PINES DR., SUITE 220 LARGO, FL 33771			Mailing Address 2310 TALL PINES DR., SUITE 220 LARGO, FL 33771		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13500 RODGERS AVE. 1016			
City & State City LARGO State FL		4. FEI Number 56-2478269			
Zip 33771	Country	Zip 33771	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, RANDALL D 2310 TALL PINES DR., SUITE 220 LARGO, FL 33771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Randall D. Ross</i></u> DATE <u>4-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, RANDALL D 2310 TALL PINES DR., SUITE 220 LARGO, FL 33771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Randall D. Ross</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-19-07</u> <small>Date Daytime Phone #</small>		

