2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P05000054075

Entity Name: COPACETIC COVERAGE, INC.

Current Principal Place of Business:

11815 LONGWATER RUN DR.
TAMPA, FL 33647

New Principal Place of Business:

15255 AMBERLY DRIVE
TAMPA, FL 33647

Current Mailing Address:

P O BOX 218
HAMPTON FALLS, NH 03844

New Mailing Address:

FEI Number: 56-2521142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAXE, DANIEL L
205 CRYSTAL GROVE BLVD
LUTZ, FL 33548 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: DPST ( ) Delete
Name: GRIMES, JAMES
Address: P O BOX 218
City-St-Zip: HAMPTON FALLS, NH 03844

Title: V ( ) Delete
Name: GRIMES, KATHERINE
Address: P O BOX 218
City-St-Zip: HAMPTON FALLS, NH 03844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KATHERINE GRIMES V 04/20/2009

Electronic Signature of Signing Officer or Director Date