

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P06000051008

1. Entity Name
KOPP ESTATE PLANNING, INC.



Principal Place of Business
**3360 PINEWALK DRIVE N.
#1311
MARGATE, FL 33063 US**

Mailing Address
**3360 PINEWALK DRIVE N.
#1311
MARGATE, FL 33063 US**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4667179

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOPP, PAUL C
3360 PINEWALK DRIVE N.
#1311
MARGATE, FL 33063**

**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)

00000093-DATE

04/24/08-60008-002 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	KOPP, PAUL C
STREET ADDRESS	3360 PINEWALK DRIVE N. #1311
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D
NAME	KOPP, PAUL C
STREET ADDRESS	3360 PINEWALK DRIVE N. #1311
CITY - ST - ZIP	MARGATE, FL 33063
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 #

Paul C. Kopp President 4/12/08 954-874-8404

954-874-8404