


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90035 013 \*\*\*150.00

<b>DOCUMENT # P06000057958</b> 1. Entity Name L P COOPERATIVE, INC.					
Principal Place of Business 4600 TOUCHTON RD E BLDG 3200 JACKSONVILLE, FL 32246			Mailing Address P.O. BOX 17356 JACKSONVILLE, FL 32245-7356		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number 22-3980136	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SULLIVAN, HARRY L 4600 TOUCHTON RD E BLD #200 JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name <u>Kevin S. Ko</u> Street Address (P.O. Box Number is Not Acceptable) <u>4600 Touchton Rd E Bld #3200</u> City <u>Jacksonville</u> FL <u>32246</u>		
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>Kevin S. Ko, President</u> DATE <u>3/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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	DPC SULLIVAN, HARRY L 4600 TOUCHTON RD E BLDG 3200 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin S. Ko 4600 Touchton Rd E Bldg 3200 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'SHAUGHNESSY, JOHN X 4600 TOUCHTON RD E BLDG 3200 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DESMOND, HENRY P 4600 TOUCHTON RD E BLDG 3200 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Kevin S. Ko</u> DATE <u>3/12/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					