## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME

TITLE

NAME STREET ADDRESS

TIFLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHY-S1-ZIP

STREET ADDRESS CITY-ST-ZIP

## DOCUMENT # P06000070365 07 NOV 29 届日:25 1. Entity Name COOPER ENTERPRISES OF BRADFORD COUNTY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1383 GEIGER ROAD 1383GEIGER ROAD Ry 4-30-57 STARKE, FL 32091 STARKE, FL 32091 Mailing Address 383 Oliger 2. Principal Place of Business - No P.O. Box # Sterke Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 20-4894822 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRUMMOND, DONALD L EA P.O. Box Number is Not Acceptable 263 N TEMPLE AVENUE STARKE, FL 32091 Zip Code 3 2 09 FL 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. (IsOTE: Rog stered Agent aignolate required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 800112804525 12/04/07--01006--024 \*\*150 Delete TITLE TITLE COOPER, MICHELE NAME NAME STREET ADDRESS 1383 GEIGER ROAD STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091 CITY-ST-ZIP Delete THLE ☐ Change Addition HOLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-S1-ZIP CHTY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TIFLE Change Addition

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADDRESS

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CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP Change

Change

Addition

Addition