

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078371

Entity Name: COPPS INC

FILED  
Feb 14, 2007  
Secretary of State

**Current Principal Place of Business:**

9492 MIGUE CIRCLE  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

9492 MIGUE CIRCLE  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

FEI Number: 04-4363871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUBBARD, SETH  
9492 MIGUE CIRCLE  
PORT CHARLOTTE, FL 33981 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: PD ( ) Delete  
Name: GERVAIS, DAVID  
Address: 9574 SPRING CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VPD ( ) Delete  
Name: HUBBARD, SETH  
Address: 9492 MIGUE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S ( ) Delete  
Name: GERVAIS, SUSAN  
Address: 9574 SPRING CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T ( ) Delete  
Name: WILEY-HUBBARD, CAROL  
Address: 9492 MIGUE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: CAROL WILEY-HUBBARD

T

02/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date