2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P06000079343

Entity Name: LACOOP PA

Current Principal Place of Business:

16631 SCHEER BLVD
HUDSON, FL 34667

New Principal Place of Business:

3030 NORTH ROCKY POINT DRIVE WEST
SUITE 262
TAMPA, FL 33607

Current Mailing Address:

16631 SCHEER BLVD
HUDSON, FL 34667

New Mailing Address:

3030 NORTH ROCKY POINT DRIVE WEST
SUITE 262
TAMPA, FL 33607

FEI Number: 20-5020972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, JOSH
16631 SCHEER BLVD
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

LAZAROU, EMILY E DR.
3030 NORTH ROCKY POINT DRIVE, WEST
SUITE 262
TAMPA, FL 33607 US

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: EMILY E LAZAROU 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAZAROU, EMILY E
Address: 16009 MUIRFIELD DR
City-St-Zip: ODESSA, FL 33556

Title: MGR ( ) Delete
Name: COOPER, JOSH L
Address: 16009 MUIRFIELD DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: LAZAROU, EMILY E
Address: 16009 MUIRFIELD DR
City-St-Zip: ODESSA, FL 33556

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: EMILY E LAZAROU DR. 03/23/2009
Electronic Signature of Signing Officer or Director Date