## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000107414

Entity Name: COPELAND'S FULL LINES INSURANCE INC.

FILED Mar 20, 2008 Secretary of State

		TVD OT OLE LINEO II VOOR AV	5E, 1140.		
Current Principal Place of Business:			New Principal Place of Business:		
	TFIELD AVEN TA, FL 34243	UE US			
Current Mailing Address:			New Mailing Address:		
	TFIELD AVEN ΓΑ, FL 34243	UE US			
FEI Number	: 26-1156236	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
802 11TH BRADENT The above	STREET WES FON, FL 34209  e named entity	57734 US	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida. 				
SIGNATU		.:- O:		Dete	
Election Ca		nic Signature of Registered Ag g Trust Fund Contribution ( ).	ent	Date	
Liootion Ga	mpaign i manom	g Trast Fana Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COPELAND, B 1404 WHITFIE	LD AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	VP ( LARKINS, SHE 1404 WHITFIE SARASOTA, FI	LD AVENUE	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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: BERNITHA T. COPELAND PRES 03/20/2008