

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000039230

1. Entity Name
COPLEY FUND, INC.



Principal Place of Business
**245 SUNRISE AVE.
PALM BEACH, FL 33480**

Mailing Address
**164 HONEYSUCKLE DR
JUPITER, FL 33458 US**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2635880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, THOMAS C
164 HONEYSUCKLE DRIVE
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000227108
02/12/05-80042-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEVINE, IRVING
315 PLEASANT ST.
FALL RIVER, MA 02721**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STERN, BURTON
222 THIRD ST., #2325
CAMBRIDGE, MA 02142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RESNICK, ALBERT
5110 KESTRAL PKWY S.
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOBLAN, KEN
1357 RODNEY FRENCH BL.
NEW BEDFORD, MA 02741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas C. Henry* **ACTING SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. HENRY

1/25/05 561-744-5932

Date Daytime Phone #