8/13/2007-90022-014-$150.00-$150.00

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07 SEP 19 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000039230

1. Entity Name
COPLEY FUND, INC.

Principal Place of Business	Mailing Address
245 SUNRISE AVE. PALM BEACH, FL 33480	164 HONEYSUCKLE DR JUPITER, FL 33458 US

40129024

01302007 No Chg-P CR2E034 (11/05)

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVINE, IRVING
STREET ADDRESS	315 PLEASANT ST.
CITY-ST-ZIP	FALL RIVER, MA 02721
TITLE	D
NAME	RESNICK, ALBERT
STREET ADDRESS	5110 KESTRAL PKWY S.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	JOBLAN, KEN
STREET ADDRESS	1357 RODNEY FRENCH BL.
CITY-ST-ZIP	NEW BEDFORD, MA 02741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

$79/20

700109879007
09/25/07--01014--020 **400.00

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Irving Levine 8/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #