

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90042 017 ***550.00

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1. Entity Name
COOPER, BARNETTE & PAGE OF FLORIDA, INC.



Principal Place of Business
537 GULF SHORE DR
DESTIN, FL 32541 US

Mailing Address
1928 EXECUTIVE PARK DR
STATHAM, GA 30666 US

40118684



05162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3353587

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, LEWIS J
537 GULF SHORE DR
DESTIN, FL 32541

**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 \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	COOPER, LEWIS J
STREET ADDRESS	537 GULF SHORE DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	DS
NAME	BARNETTE, LARRY
STREET ADDRESS	1928 EXECUTIVE PARK DR
CITY-ST-ZIP	STATHAM, GA 30666
TITLE	DV
NAME	PAGE, BRUCE
STREET ADDRESS	1928 EXECUTIVE PARK DR
CITY-ST-ZIP	STATHAM, GA 30666
TITLE	DP
NAME	COOPER, RONALD G
STREET ADDRESS	1928 EXECUTIVE PARK DR
CITY-ST-ZIP	STATHAM, GA 30666
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/07 7707257400