2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000020289

1. Entity Name
COOPER TIMBER HARVESTING INC.

Principal Place of Business	Mailing Address
2056 NE NEWBERRY DR ARCADIA, FL 34266	2056 NE NEWBERRY DR ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0562150	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, ESSIE
2056 NE NEWBERRY DRIVE
ARCADIA, FL 34266

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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: *Essie C. Cooper, Sec. Tres*   1-7-2008

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000928478 05/21/08-80030-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOPER, WAYNE R
STREET ADDRESS	2056 NE NEWBERRY DR
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	STD
NAME	COOPER, ESSIE E
STREET ADDRESS	2056 NE NEWBERRY DR
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *Essie C. Cooper, Sec. Tres.*   1-7-2008   863-494-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #