


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000030023

1. Entity Name
ALAN J. COOPER, P.A.



Principal Place of Business Mailing Address

**250 TEQUESTA DR
 TEQUESTA FL 33469** **TEQUESTA CORPORATE CENTER
 250 TEQUESTA DR, STE 202 PO BOX 3072
 TEQUESTA FL 33469**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For

65-0574389 Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, ALAN J
 250 TEQUESTA DR
 SUITE 202
 TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Alan J. Cooper Pres* DATE 1/31/08

Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	NAME	TITLE	NAME
PD	COOPER, ALAN J 250 TEQUESTA DR, STE 202 TEQUESTA FL 33469		U000000812326 02/12/08-80042-010 150.00
VPD	COOPER, YVONNE M 250 TEQUESTA DR STE 202 TEQUESTA FL 33469		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changes, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Alan J. Cooper Pres* DATE 1/31/08

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