## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2006 08:00 AM Secretary of State **DOCUMENT # P95000042148** 1. Entity Name COOPER'S PLANTS & TREES, INC. Principal Place of Business Malling Address COOPER'S PLANT'S & TREES INC. 15794 COUNTY RD 252 15794 COUNTY ROAD 252 LIVE OAK, FL 32060 US LIVE OAK, FL 32060 US CR2E034 (11/05) 03282008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3337978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COOPER, JOHNNY DO NOT WRITE 15794 COUNTY ROAD 252 LIVE OAK, FL 32060 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, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent agnitive required when retriations) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 000000492477 04/19/06-80069-005 150.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE COOPER, JOHNNY MARK 15794 COUNTY ROAD 252 STREET ADDRESS CATY-ST-ZP LIVE OAK, FL 32060 D ππε COOPER, MARTHA NAME 15794 COUNTY ROAD 252 STREET ADDRESS Eliy-SI-ZIP LIVE OAK, FL 32060 NAME STREET ADDRESS DO NOT WRITE C71Y-ST-Z2P IN THIS SPACE DILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CHTY-ST-ZP TITLE NAME STREET ADDRESS CHTY-ST-ZP

ATURE AND THEO OR PRINTED NAME OF BROWING OFFICER OR PRECTOR

4-6-06

386-776-1932

Obytime Phone #

FILED