


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000017917</b> 1. Entity Name COOPER LAND & TIMBER, INC.	
--	---

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

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0648204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOPER, ESSIE E  
2056 NE NEWBERRY DRIVE  
ARCADIA, FL 34266

**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 Essie E. Cooper Essie E. Cooper, Secretary - 1-6-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COOPER, WADE R 1991 OWENS AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COOPER, ESSIE E 2056 NE NEWBERRY DRIVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOPER, GARIT W 2086 FISH BRANCH RD. ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000020778  
01/29/04-80082-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 E. Cooper Essie E. COOPER 1/6/04 863-494-0240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #