2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000017917

1. Entity Name
COOPER LAND & TIMBER, INC.

FILED
06 JUN 22 PM 12:51
SECRE
TALLAH FLORIDA

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

05302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1991 NW Owens Ave.	1991 NW owens Ave.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Arcadia, FL.	City & State: Arcadia, FL.
Zip: 34266 Country: USA	Zip: 34266 Country: USA

4. FEI Number: 65-0648204 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOPER, ESSIE E 2056 NE NEWBERRY DRIVE ARCADIA, FL 34266	Name: Wade Cooper Street Address (P.O. Box Number is Not Acceptable): 1991 NW. owens Ave. City: Arcadia FL Zip Code: 34266

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 / Wade R Cooper, pres DATE: 06-17-06
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required for electronic filing)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COOPER, WADE R 1991 OWENS AVE ARCADIA, FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T. Denise C. Cooper 1991 NW. Owens Ave. Arcadia, FL. 34266 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COOPER, ESSIE E 2056 NE NEWBERRY DRIVE ARCADIA, FL 34266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COOPER, GARIT W 2086 FISH BRANCH RD. ZOLFO SPRINGS, FL 33890	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900077087399 07/06/06--01046--018 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Wade R Cooper, pres June 1-06
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)