2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000017917

1. Entity Name
COOPER LAND & TIMBER, INC.

FILED
Feb 26, 2007 08:00 A
Secretary of State

Principal Place of Business	Mailing Address
1991 NW OWENS AVENUE ARCADIA, FL 34266	1991 NW OWENS AVENUE ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0648204	Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, WADE
1991 NW OWENS AVENUE
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 _____
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, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	10.
TITLE	P	
NAME	COOPER, WADE R	
STREET ADDRESS	1991 OWENS AVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	ST	
NAME	COOPER, DENISE C	
STREET ADDRESS	1991 NW OWENS AVENUE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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03/07/07-80037-010 150.00

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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: X *Denise C Coop*   Denise C. Cooper/t   2/12/07   863-491-8523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #