


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 08, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000080316</b> 1. Entity Name COOPER-SOLICE, INC.	
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Principal Place of Business 4916 MOBILE HWY PENSACOLA, FL 32506 US	Mailing Address 4916 MOBILE HWY PENSACOLA, FL 32506 US
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03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3409618	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SOLICE, SONDRA 4916 MOBILE HWY PENSACOLA, FL 32506
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**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 \_\_\_\_\_  
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 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLICE, SONDRA 4916 MOBILE HWY PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOPER, FRANCES 4916 MOBILE HWY PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SELICE, STEPHEN 4916 MOBILE HWY PENSACOLA, FL 32506
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04/08/05-80048-018 158.75

**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: Sondra Solice  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_