

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90171 010 \*\*\*150.00

**DOCUMENT # P97000011785**

1. Entity Name

COOPER-VENNETT PROPERTY SERVICES, INC.



Principal Place of Business

8025 JACKSON SPRINGS ROAD  
TAMPA, FL 33615

Mailing Address

8025 JACKSON SPRINGS ROAD  
TAMPA, FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3431612

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

VENNETT, MARK  
8025 JACKSON SPRINGS ROAD  
TAMPA, FL 33615

Name

Street Address (P.O. Box Number is Not Acceptable) -

City

**FL**

Zip Code

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

*Mark T. Vennett*

MARK T. VENNETT

4-18-06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME VENNETT, MARK  
STREET ADDRESS 8025 JACKSON SPRINGS ROAD  
CITY-ST-ZIP TAMPA, FL 33615

TITLE D ☒ Delete  
NAME JAGGERS, DENNIS  
STREET ADDRESS 4431 GANDY CR.  
CITY-ST-ZIP TAMPA, FL 33616

TITLE D ☐ Delete  
NAME ROHM, JASON  
STREET ADDRESS 600 LONGWOOD CR.  
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D GARAVITO, JIMMY  
STREET ADDRESS 4626 CARROWAY DR  
CITY-ST-ZIP LAND O' LAKES, FL 34639

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mark T. Vennett*

MARK T. VENNETT

4-18-06

813-601-2876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #