

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 024 ***150.00

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1. Entity Name

W.J. COPPING INVESTMENTS, INC.



Principal Place of Business

470 COLUMBIA DRIVE
SUITE D-201
WEST PALM BEACH, FL 33409

Mailing Address

470 COLUMBIA DRIVE
SUITE D-201
WEST PALM BEACH, FL 33409



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0265111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREBOOM, DOUGLASS E
470 COLUMBIA DRIVE, STE. D-201
WEST PALM BEACH, FL 33409

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | DPT |
| NAME | COPPING, WILLIAM J. |
| STREET ADDRESS | ALSO CURLEW RD. 373 RIVERVIEW DRIVE |
| CITY-ST-ZIP | MANALAPAN, FL YOUNGSTOWN, NY, 14174 |
| TITLE | VS |
| NAME | HURST, DAVID R. |
| STREET ADDRESS | 69 CURLEW ROAD |
| CITY-ST-ZIP | MANALAPAN, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. COPPING

Date

Daytime Phone #