2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S68483

1. Entity Name
COPACETIC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2500 25TH AVE N ST PETERSBURG, FL 33713	2500 25TH AVE N ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3081503
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, KIER R.
2500 25TH AVE N
ST PETERSBURG, FL 33713

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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
NAME	HOLEY, SCOTT
STREET ADDRESS	2500 25TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	DC
NAME	COOPER, KIER
STREET ADDRESS	2500 25TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	D
NAME	KEITH, DONALD
STREET ADDRESS	2500 25TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	D
NAME	NOWAK, BOB
STREET ADDRESS	2500 25TH AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	MARTIN, BILL
STREET ADDRESS	2500 25TH AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	IGLEHART, GREG
STREET ADDRESS	2500 25TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL

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01/20/05-80021-017 150.00

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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: KIER R. COOPER 1-13-05 727-323-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #