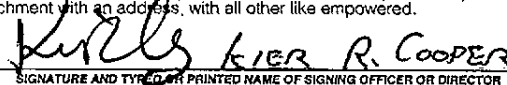


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

DOCUMENT # S68483		
1. Entity Name COPACETIC ENTERPRISES, INC.		
Principal Place of Business 2500 25TH AVE N ST PETERSBURG, FL 33713		Mailing Address 2500 25TH AVE N ST PETERSBURG, FL 33713
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COOPER, KIER R. 2500 25TH AVE N ST PETERSBURG, FL 33713		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!!! FEES \$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	
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 #