

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68483

FILED
Feb 04, 2009
Secretary of State

Entity Name: COPACETIC ENTERPRISES, INC.

Current Principal Place of Business:

2500 25TH AVE N
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2500 25TH AVE N
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3081503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLEY, SCOTT
Address: 2500 25TH AVE N
City-St-Zip: ST PETERSBURG, FL

Title: DC () Delete
Name: COOPER, KIER,
Address: 2500 25TH AVE N
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: KEITH, DONALD
Address: 2500 25TH AVE N
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: NOWAK, BOB
Address: 2500 25TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: MARTIN, BILL
Address: 2500 25TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: IGLEHART, GREG
Address: 2500 25TH AVE N
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOMBORONE, JAMES
Address: 2500 25TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIER R. COOPER

DC

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date