

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S89258

1. Entity Name
THE COOPER GROUP, INC.



Principal Place of Business

18414 LYNTON RD.
CLEVELAND, OH 44122 US

Mailing Address

18414 LYNTON RD.
CLEVELAND, OH 44122 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0299371

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, WILLIAM H
5860 MIDNIGHT PASS ROAD #60
SARASOTA, FL 34242

**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 *William H. Cooper*
Signature typed or printed name of registered agent and title applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *1/15/2005*

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
COOPER, WILLIAM H
5860 MIDNIGHT PASS RD #30
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
COOPER, LAWRENCE W
4315 SOUTH EAST WEEDMAN
MILWAUKIE, OR 97222

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000197647
01/27/05-80020-017 150.00

U000000197647
01/25/04-80020-017 150.00

**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: *William H. Cooper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # *214/921-2044*