## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # S91139

1. Entity Name COOPER TRUCKING, INC.

Principal Place of Business 104 FOXFIRE LANE EAST PALATKA, FL 32131

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mailing Address 104 FOXFIRE LANE EAST PALATKA, FL 32131

## **FILED** May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 03152004

4. FE! Number 59-3089727

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, BETTY L 104 FOXFIRE LANE EAST PALATKA, FL 32131			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. Speed or profited name of registered agent and Life if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	~	\$5.00 May Be Added to Fees	
10.				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, JAMES A 104 FOXFIRE LANE EAST PALATKA, FL 32131				::::::::::::::::::::::::::::::::::::::
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE			1	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.

E AND TYPES OR PRINTED NAME OF SENING OFFICER OR DIRECTOR DESCRIPTION DATE DATE DATE DATE DATE DESCRIPTION OF SENING OFFICER OR DIRECTOR D SIGNATURE: