## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Feb 25, 2008 8:00 am **Secretary of State** DOCUMENT # V71547 02-25-2008 90069 028 \*\*\*150.00 COSPER CONSTRUCTION MANAGEMENT, INC. Principal Place of Business Mailing Address 1152 BELCHER ROAD 1152 BELCHER ROAD DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2196 MAIN ST 2196 MAIN ST Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-P CR2E034 (12/06) STESTE City & State Applied For City & State 4. FEI Number FL DUNEDIN 59-3147042 DUNEDIN Not Applicable Country PINELLAS PINELLAS Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Roman + 140man ROMAN, THOMAS A 2196 MAIN STREET SUITE L DUNEDIN, FL 34698 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE Delete Change TITLE COSPER, THOMAS C., JR. NAME NAME У STREET ADDRESS 1152 BELCHER ROAD STREET ADDRESS 2196 MAIN ST, STE DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP DUNEDIN VSD Defete Addition COSPER, MARILYN A. NAME NAME 1152 BELCHER ROAD STREET ADORESS STREET ADDRESS 2196 MAIN ST, CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP DUNEDIN TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE tme ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attack

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