

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000085209

**Entity Name:** COPS MACHINE WORKS, INC

**Current Principal Place of Business:**

1270 STATE RD 37 S  
MULBERRY, FL 33860

**Current Mailing Address:**

537 PENINSULAR DR  
LAKELAND, FL 33813 US

**FEI Number:** 20-1098377

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COPPONEX, PATRICIA L  
537 PENINSULAR DR  
LAKELAND, FL 33813 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            COPPONEX, PATRICIA L  
Address        537 PENINSULAR DR  
City-State-Zip: LAKELAND FL 33813

Title            VP  
Name            COPPONEX, CALVIN C  
Address        537 PENINSULAR DR  
City-State-Zip: LAKELAND FL 33813

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA COPPONEX

**PRESIDENT**

**03/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date