

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90040 011 ***150.00

DOCUMENT # 219961

1. Entity Name
 COOPER, SIMMS, NELSON & MOSLEY, INC.



Principal Place of Business
 271 W. CANTON AVENUE
 P.O. BOX 1480
 WINTER PARK, FL 32789

Mailing Address
 271 W. CANTON AVENUE
 P.O. BOX 1480
 WINTER PARK, FL 32789



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-0863720 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMS, STEPHEN A
 271 W CANTON AVE
 WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMMS, S. A.
STREET ADDRESS	271 W CANTON AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	VPTD
NAME	SIMMS, ROBERT B
STREET ADDRESS	271 W CANTON AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	VPSD
NAME	HAVRON, JR J R
STREET ADDRESS	271 W CANTON AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Stephen A. Simms** 407-644-8689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #