

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90063 012 ***150.00

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1. Entity Name
COKER, SCHICKEL, SORENSON & DANIEL, P.A.



Principal Place of Business
**136 EAST BAY STREET
PO BOX 1860
JACKSONVILLE, FL 32201**

Mailing Address
**136 EAST BAY STREET
PO BOX 1860
JACKSONVILLE, FL 32201**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02202007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1702244** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COKER, HOWARD C
136 EAST BAY STREET
JACKSONVILLE, FL 32201**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	TD MYERS, M WAYNE 136 EAST BAY STREET JACKSONVILLE, FL 00000, ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHICKEL, JOHN J 136 EAST BAY STREET JACKSONVILLE, FL 00000, ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COKER, HOWARD C 136 EAST BAY STREET JACKSONVILLE, FL 00000, ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSON, CHARLES A. 136 EAST BAY STREET JACKSONVILLE, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *John J. Schickel* John J. Schickel 3-2-07 904-356-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40029765

