2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # 519065

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

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

02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000847844
03/19/08-80035-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SCHICKEL, JOHN J
STREET ADDRESS	136 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	PD
NAME	COKER, HOWARD C
STREET ADDRESS	136 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	D
NAME	SORENSON, CHARLES A.
STREET ADDRESS	136 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Howard C Coker Howard C. Coker 3-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #