

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68892

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: COHEN & THURSTON, P.A.

## Current Principal Place of Business:

1723 BLANDING BLVD.  
102  
JACKSONVILLE, FL 32210 US

## New Principal Place of Business:

## Current Mailing Address:

1723 BLANDING BLVD.  
102  
JACKSONVILLE, FL 32210 US

## New Mailing Address:

FEI Number: 59-2343952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, LANCE PAUL  
1723 BLANDING BLVD  
SUITE 102  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: COHEN, LANCE PAUL,  
Address: 1723 BLANDING BLVD STE 102  
City-St-Zip: JACKSONVILLE, FL

Title: DS ( ) Delete  
Name: THURSTON, JANET HALL,  
Address: 1723 BLANDING BLDG STE 102  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: COHEN, LANCE P  
Address: 1723 BLANDING BLVD STE 102  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS (X) Change ( ) Addition  
Name: THURSTON, JANET H  
Address: 1723 BLANDING BLDG STE 102  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LANCE PAUL COHEN

PD

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date