


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90024 040 ***150.00

DOCUMENT # H32818
 1. Entity Name
JEAN C. COKER, P.A.



Principal Place of Business 6622 SOUTHPPOINT DRIVE SOUTH SUITE #160 JACKSONVILLE, FL 32216 US	Mailing Address % JEAN C. COKER 1118 HOLLY LANE JACKSONVILLE, FL 32207
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01172005 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-2467636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 COKER, JEAN C.
 1118 HOLLY LANE
 JACKSONVILLE, FL 32207

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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: *Jean C. Coker* DATE: 1/17/05
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, 2005 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	DPS COKER, JEAN C. 1118 HOLLY LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEN, DIANA M 2991 NORTH FIRST ST ST. AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST COKER, ELIZABETH A 1118 HOLLY LANE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jean C. Coker* DATE: 1/17/05 DAYTIME PHONE #: 904.296.1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR