

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55906

FILED
Apr 22, 2004
Secretary of State

Entity Name: MARSHALL L. COHEN, P.A.

Current Principal Place of Business:

1412 ROYAL PALM SQUARE BLVD.
SUITE 103
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60292
FT. MYERS, FL 33906 US

New Mailing Address:

FEI Number: 59-2767690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MARSHALL L.
1412 ROYAL PALM SQUARE BLVD.
SUITE 103
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

COHEN, MARSHALL L MR.
1412 ROYAL PALM SQUARE BLVD.
SUITE 103
FORT MYERS, FL 33919 US

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: MARSHALL L. COHEN

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COHEN, MARSHALL L.,
Address: 1412 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COHEN, MARSHALL L.,
Address: 1412 ROYAL PALM SQUARE BLVD., STE 103
City-St-Zip: FORT MYERS, FL 33906 US

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: MARSHALL L. COHEN

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date