

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96045

FILED
Jan 05, 2004
Secretary of State

Entity Name: COHN & COHN P.A.

Current Principal Place of Business:

P.O.BOX 3424
TAMPA, FL 33606 US

New Principal Place of Business:

1110 N. FLORIDA AVE.
TAMPA, FL 33602 US

Current Mailing Address:

P.O. BOX 3424
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-3023181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, VANESSA NEGRON
1110 NORTH FLORIDA AVE.
TAMPA, FL 33602 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: COHN, VANESSA NEGRON,
Address: 1110 NORTH FLORIDA AVE.
City-St-Zip: TAMPA, FL 33602

Title: DVST () Delete
Name: COHN, RONALD B.,
Address: 1110 NORTH FLORIDA AVE.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: COHN, VANESSA NEGRON

DP

01/05/2004

Electronic Signature of Signing Officer or Director

Date