

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57139

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: KENNETH A. COHEN AND ANN S. JAMIESON, P.A.

**Current Principal Place of Business:**

190 PINE AVE. N  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

190 PINE AVE. N  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 59-2844109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, MALCOLM R. ESQ.  
8605 REGENCY PARK BLVD  
PORT RICHEY, FL 34668 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: D ( ) Delete  
Name: COHEN, KENNETH A.,  
Address: 190 PINE AVE. N  
City-St-Zip: OLDSMAR, FL 34677 US

Title: D ( ) Delete  
Name: JAMIESON, ANN S.,  
Address: 190 PINE AVE. N.  
City-St-Zip: OLDSMAR, FL 34677 US

**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 Chapter 119, 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: ANN S JAMIESON

D

02/05/2007

Electronic Signature of Signing Officer or Director

Date