

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000042043

1. Entity Name
TODD E. COPELAND & ASSOCIATES, P.A.



Principal Place of Business

338 N MAGNOLIA AVE
STE B
ORLANDO, FL 32801

Mailing Address

338 N MAGNOLIA AVE
STE B
ORLANDO, FL 32801

FILED

05 MAY -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3642427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WADE F JR
2901 CURRY FORD RD., STE 212
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPELAND, TODD E
STREET ADDRESS	338 N MAGNOLIA AVE STE B
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500054013495
05/06/05--01063--012 **550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-05 (407) 999-8995
Date Daytime Phone #

5/9 aw