Apr 29 04 04:45p TIM WHEAT CPA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90184 007 ***150.00

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DOCUMENT # P01000061462

1. Entity Name
LAURA S. COLEMAN, P.A.

Principal Place of Business
5177 ELMIRA STREET
MILTON, FL 32570

Mailing Address
PO BOX 615
MILTON, FL 32572

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 5228 Elmira Street
Suite, Apt. #, etc.
City & State: Milton, FL
Zip: 32570 Country: Santa Rosa

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3750050 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, LAURA S
5177 ELMIRA STREET
MILTON, FL 32570

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 5228 Elmira Street
City: Milton FL Zip Code: 32570

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 $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, LAURA S 5177 ELMIRA STREET MILTON, FL 32570 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5228 Elmira Street Pace, FL 32570
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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: [signature] 4/29/04 (850) 626-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR-29-2004 THU 15:39 TEL:850 6268580 NAME:LAURA SPENCER COLEMAN P. 2