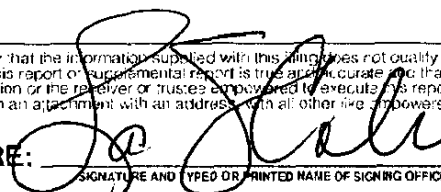


FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90184 007 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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		
2. Principal Place of Business 5228 Elmira Street			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Milton, FL			City & State		
Zip 32570		Country Sander Rosa		Country	
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 if applicable) (NGFEE) Registered Agent Signature required when changing agent					
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 11		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	COLEMAN, LAURA S		NAME		
STREET ADDRESS	5177 ELMIRA STREET		STREET ADDRESS	5228 Elmira Street	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Pace, FL 32570	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 duly empowered.					
SIGNATURE: 			4/29/04 (850) 626-8520		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Declared Director		

24072326



04282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3750050 Applied For Not Applicable

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