


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000047865		
1. Entity Name COLEMAN PROFESSIONAL FIRM, P.A.		
Principal Place of Business 5420 BAY CENTER DRIVE SUITE 108 TAMPA, FL 33609	Mailing Address 5420 BAY CENTER DRIVE SUITE 108 TAMPA, FL 33609	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLEMAN, F W 5420 BAY CENTER DRIVE SUITE 108 TAMPA, FL 33609		
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 <u><i>F W Coleman</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, F W 5420 BAY CENTER DRIVE TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u><i>F W Coleman</i></u>		1/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0594013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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