


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90039 015 ***150.00

DOCUMENT # P02000092124

1. Entity Name
SCHWAB-KOPLIN ASSOCIATES, INC.



Principal Place of Business Mailing Address

1768 S.E. CLEARMONT STREET 1768 S.E. CLEARMONT STREET
 PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SCHWAB, PIERRE
 1768 S.E. CLEARMONT STREET
 PORT ST. LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWAB, PIERRE	
STREET ADDRESS	1768 S.E. CLEARMONT STREET	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWAB, JACQUELINE	
STREET ADDRESS	1768 S.E. CLEARMONT STREET	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEADE, WILLIAM P	
STREET ADDRESS	1515 WEST FRANKLIN ST.	
CITY-ST-ZIP	CHAPEL HILL, NC 27514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *Pierre Schwab* **PIERRE SCHWAB** 1/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #