


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

000000000000 P02000100380 1. Entity Name MARGARET COPELAND P.A.	
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Principal Place of Business 28 COLONIAL CLUB DR. APT. 204 BOYNTON BEACH, FL 33435	Mailing Address 28 COLONIAL CLUB DR. APT. 204 BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



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4. FEI Number 82-0563200	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75
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6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING, INC.
 1403 W. BOYNTON BEACH BLVD., #9
 BOYNTON BEACH, FL 33426

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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPELAND, MARGARET 28 COLONIAL CLUB DR. APT. 204 BOYNTON BEACH, FL 33435
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 02/09/04-80001-025 150.00

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: Margaret S. Copeland P.A. Date: 2.4.04 Daytime Phone #: 5616022401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR