

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90189 037 ***150.00

DOCUMENT # P02000100380					
1. Entity Name MARGARET COPELAND P.A.					
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		
2. Principal Place of Business 15264 Redhead Ave Suite, Apt. #, etc.		3. Mailing Address 15264 Redhead Ave Suite, Apt. #, etc.			
City & State Port Charlotte, FL Zip 33981 Country US		City & State Port Charlotte, FL Zip 33981 Country US		4. FEI Number 82-0563200	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING, INC. 1403 W. BOYNTON BEACH BLVD., #9 BOYNTON BEACH, FL 33428			7. Name and Address of New Registered Agent Name: John Porter Accounting Street Address (If not the same as the current registered agent): 400 S. Federal Hwy. Suite 404 Boynton Beach, FL 33435 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: 03/11/05 <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, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPELAND, MARGARET 28 COLONIAL CLUB DR. APT. 204 BOYNTON BEACH, FL 33435		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			Date: 4, 7, 05 Daytime Phone #: 9418751246		