

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-06-2004 90010 031 ***150.00

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DOCUMENT # P03000027236 1. Entity Name CHRISTOPHER D. COCKFIELD, P.A.			
Principal Place of Business 5201 N.E. 14TH TERR., #201 FT. LAUDERDALE, FL 33334		Mailing Address 5201 N.E. 14TH TERR., #201 FT. LAUDERDALE, FL 33334	
2. Principal Place of Business 2008 SW 15th Ave Suite, Apt. #, etc. Fort Lauderdale FL City & State 33315 USA		3. Mailing Address 2008 SW 15th Ave Suite, Apt. #, etc. Fort Lauderdale FL City & State 33315 USA	
Zip 33315		Country USA	
4. FEI Number 74-3080981		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		06302004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COCKFIELD, CHRISTOPHER D 5201 N.E. 14TH TERR., #201 FT. LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Christopher D Cockfield Street Address (P.O. Box Number is Not Acceptable) 2008 SW 15th Ave City Fort Lauderdale FL Zip Code 33315	
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 6/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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:		6/30/04 954-336-8819 <small>Date Daytime Phone #</small>	