


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90038 023 ***150.00

DOCUMENT # P03000095746	
1. Entity Name PROPERTY LAW, P.A.	

Principal Place of Business 804 3RD STREET NEPTUNE BEACH, FL 32266	Mailing Address 804 3RD STREET NEPTUNE BEACH, FL 32266
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94030278



2. Principal Place of Business 1823 3RD ST. North	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State Jacksonville Beach, FL.	City & State
Zip 32250	Country Duval

4. FEI Number 90-0107042	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MARSTON COPLAN, MEADE 804 3RD ST. NEPTUNE BEACH, FL 32266	
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7. Name and Address of New Registered Agent Name Meade Marston Coplan Street Address (P.O. Box Number is Not Acceptable) 1823 3RD St. North City Jacksonville Beach FL Zip Code 32250	
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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 Meade Marston Coplan DATE 1/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MARSTON COPLAN, MEADE 804 3RD STREET, STE. C NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MARSTON COPLAN, MEADE 804 3RD STREET .STE.C NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Meade Marston Coplan MEADE MARSTON COPLAN DATE 1/21/04 DAYTIME PHONE # 904-242-0952 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
