2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # P03000102290 1. Entity Name BARBARA A. COPES, INC.						04-22-2004	90031 0	46 ***150	0.00
Principal Place	e of Business	Mailing Address			1				
4335 JUANITA WAY S. 4335 JUANITA WAY S. ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 337									
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2. Principal P	lace of Business	3. Mailing Address	···						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State		4. FEI Number	40098			plied For t Applicable	
Zip Country		Zíp	Zip Country		5. Certificate of			\$8.75 Add Fee Required	litional
	6. Name and Address of Currer	nt Registered Agent	_i		7. Name and A	ddress of New R		<u></u>	
CODEC B	ADDADA A			Name					
COPES, BARBARA A 4335 JUANITA WAY S. ST. PETERSBURG, FL 33705			Street Address (Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	e	
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s register	ed office or register	red agent, or both,	in the State of Fig	orida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)	, , , , , , , , , , , , , , , , , , ,	DATE	<u>_</u>	
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Cor			.00 May Be led to Fees				
After Ma	ay 1, 2004 Fee will be \$550 OFFICERS AN				led to Fees	HANGES TO OFF	ICERS AND		
After Ma	officers an	O.00 Trust Fund Cor	11.	Add	led to Fees	HANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 11
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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. 727

Boballow Barbara A. Copes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 896-0366 SIGNATURE: Daytime Phone #