

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117790

Entity Name: DAVID L. COPPOCK, P.A.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

2943 BELLA ROAD
PORT ST LUCIE, FL 34984

New Principal Place of Business:

1483 SW DEL RIO BLVD
PORT ST LUCIE, FL 34953

Current Mailing Address:

2943 BELLA ROAD
PORT ST LUCIE, FL 34984

New Mailing Address:

1483 SW DEL RIO BLVD
PORT ST LUCIE, FL 34953

FEI Number: 26-0074281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPOCK, DAVID L
2943 BELLA ROAD
PORT ST LUCIE, FL 34984

Name and Address of New Registered Agent:

COPPOCK, DAVID L
1483 SW DEL RIO BLVD
PORT ST LUCIE, FL 34953

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.

SIGNATURE: DAVID COPPOCK

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COPPOCK, DAVID L
Address: 2943 BELLA ROAD
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: COPPOCK, DAVID L
Address: 1483 SW DEL RIO BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COPPOCK

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date