

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000003778

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** W. THOMAS COPELAND, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

190 SW RANGE AVE  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

190 SW RANGE AVE  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 61-1554113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

W. THOMAS COPELAND  
190 SW RANGE AVE  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: W. THOMAS COPELAND  
Address: 190 SW RANGE AVE  
City-St-Zip: MADISON, FL 32340

I hereby 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 all other like empowered.

SIGNATURE: W. THOMAS COPELAND

PRES

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date