


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000025017 1. Entity Name COX & BURNS, P.A.	
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Principal Place of Business 122 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301	Mailing Address 122 S CALHOUN ST TALLAHASSEE, FL 32301 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3245003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, DAVID H
 122 SOUTH CALHOUN STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, ROBERT S 122 S CALHOUN STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BURNS, DAVID H 122 S CALHOUN STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BURNS, DAVID H 122 SOUTH CALHOUN ST TALLAHASSEE, FL 32301
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 01/07/04-80006-018 150.00

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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)(f), 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: David H. Burns 01-05-04 850-561-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #