

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000081807

1. Entity Name  
COOPER & BYRNE, P.A.



Principal Place of Business  
3520 THOMASVILLE ROAD  
TALLAHASSEE, FL 32309

Mailing Address  
3520 THOMASVILLE ROAD  
TALLAHASSEE, FL 32309

2. Principal Place of Business  
3520 Thomasville Road

3. Mailing Address  
3520 Thomasville Road

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32309

Country

Zip  
32309

Country



01182005

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3406388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.  
3520 THOMASVILLE ROAD  
SUITE 200  
TALLAHASSEE, FL 32309

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
BYRNE, D. ANDREW  
859 LAKE RIDGE RD  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
COOPER, CHARLES L  
821 LAKE RIDGE ROAD  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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500046817275  
02/17/05--01058--021 \*\*150.00

TITLE  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-18-05

850/553-4300  
Date Daytime Phone #

FILED

05 FEB -7 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA