

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000043354

1. Entity Name
TERRY L. COUCH & ASSOCIATES, INC.



Principal Place of Business
5786 NW 119TH DR
CORAL SPRINGS, FL 33076

Mailing Address
5786 NW 119TH DR
CORAL SPRINGS, FL 33076



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0837699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COUCH, TERRY L
5786 NW 119TH DR
CORAL SPRINGS, FL 33076

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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 _____ 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ST
NAME COUCH, SIONYE R
STREET ADDRESS 5786 NW 119TH DR
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE D
NAME COUCH, TERRY L
STREET ADDRESS 5786 NW 119TH DR
CITY-ST-ZIP CORAL SPRINGS, FL 33076

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01/12/04-80019-025 150.00

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IN THIS SPACE**

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: *Terry L. Couch* **TERRY L. COUCH** *1/7/04* **954-345-8964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #