


**2005.FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000107317</b> 1. Entity Name O'NEILL, LIEBMAN & COOPER, P.A.	
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Principal Place of Business 2699 LEE ROAD SUITE 320 WINTER PARK, FL 32789 US	Mailing Address PO BOX 608557 ORLANDO, FL 32860-8557 US
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03282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3550403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIEBMAN, JOHN B  
2699 LEE ROAD  
SUITE 320  
WINTER PARK, FL 32789

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	P COOPER, MARK O 2699 LEE ROAD, SUITE 320 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEILL, BERNARD C JR 2699 LEE ROAD, SUITE 320 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIEBMAN, JOHN B 2699 LEE ROAD, SUITE 320 WINTER PARK, FL 32789
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**DO NOT WRITE  
IN THIS SPACE**

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04/26/05-80035-023 150.00

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: Mark O. Cooper President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4.22.05 Daytime Phone #: 407-647-9530

*Mark O. Cooper*