


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 022 ***150.00

DOCUMENT # P99000009907			
1. Entity Name TERESA J. SOPP, P.A.			
Principal Place of Business 24 N. MARKET ST. STE. 400 JACKSONVILLE, FL 32202-2848		Mailing Address 24 N. MARKET ST. STE. 400 JACKSONVILLE, FL 32202-2848	
2. Principal Place of Business 96124 LOFTON SQ. CT		3. Mailing Address 96124 LOFTON SQ. CT	
Suite. Apt. #, etc.		Suite. Apt. #, etc.	
City & State YULEE FL		City & State YULEE FL	
4. FEI Number 59-3565510		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32097		Country NASSAU	
Zip 32097		Country NASSAU	
6. Name and Address of Current Registered Agent SOPP, TERESA J 24 N. MARKET ST. STE. 400 JACKSONVILLE, FL 32202-2848		7. Name and Address of New Registered Agent Name: SOPP, TERESA J. Street Address (P.O. Box Number is Not Acceptable): 96124 LOFTON SQ. CT. YULEE City: YULEE FL Zip Code: 32097	
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: <u>Teresa J. Sopp</u> DATE: <u>3/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOPP, TERESA 24 N. MARKET ST. STE. 400 JACKSONVILLE, FL 322022848 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOPP, TERESA 96124 LOFTON SQ. CT. YULEE FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Teresa J. Sopp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>3/28/2005</u> <small>Daytime Phone #</small>	