

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095568

Entity Name: ALAN AND MARILYN COHEN, P.A.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

COHEN
1155 CLAYS TRAIL
OLDSMAR, FL 34677

New Principal Place of Business:

COHEN
1792 LAGO VISTA BLVD
PALM HARBOR, FL 34685

Current Mailing Address:

COHEN
1155 CLAYS TRAIL
OLDSMAR, FL 34677

New Mailing Address:

COHEN
1792 LAGO VISTA BLVD
PALM HARBOR, FL 34685

FEI Number: 59-3607663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MARILYN A
COHEN
1155 CLAYS TRAIL
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

COHEN, MARILYN A
COHEN
1792 LAGO VISTA BLVD
PALM HARBOR, FL 34685 US

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.

SIGNATURE:

01/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, MARILYN A
Address: 1155 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: DSTV () Delete
Name: COHEN, ALAN H
Address: 1155 CLAYS TRL
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, MARILYN A
Address: 1792 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: DSTV (X) Change () Addition
Name: COHEN, ALAN H
Address: 1792 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN A COHEN

PD

01/31/2005

Electronic Signature of Signing Officer or Director

Date