

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90008 021 ***150.00

DOCUMENT # S92520

1. Entity Name

COONEY, MATTSON, LANCE, BLACKBURN, RICHARDS
& O'CONNOR, P.A.



Principal Place of Business

2312 WILTON DRIVE
FORT LAUDERDALE, FL 33305 US

Mailing Address

2312 WILTON DRIVE
FORT LAUDERDALE, FL 33305 US

44002330



DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0294635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL C. MATTSON
2312 WILTON DRIVE
FT. LAUDERDALE, FL 33302

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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 VP
NAME RICHARDS, JOHN
STREET ADDRESS 2312 WILTON DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE VP
NAME DAVID F. COONEY
STREET ADDRESS 2312 WILTON DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE P
NAME MATTSON, MICHAEL C.
STREET ADDRESS 2312 WILTON DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE VP
NAME BLACKBURN, ACE J.
STREET ADDRESS 2312 WILTON DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE S
NAME O'CONNOR, DENNIS
STREET ADDRESS 2312 WILTON DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE S
NAME WYATT, WALTER
STREET ADDRESS 2312 WILTON DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-04

Date

Daytime Phone #