

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35789

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** COPPINS MONROE ADKINS DINCMAN & SPELLMAN, P.A.

**Current Principal Place of Business:**

1319 THOMASWOOD DR  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14447  
TALLAHASSEE, FL 323174447

**New Mailing Address:**

**FEI Number:** 59-3122671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPPINS, MICHAEL F  
1319 THOMASWOOD DR  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COPPINS, MICHAEL F  
Address: 2925 COLDSTREAM DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD ( ) Delete  
Name: ADKINS, GWENDOLYN P  
Address: 4352 MAYLOR RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: DINCMAN, HOLLY A  
Address: 2862 ROYAL ISLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete  
Name: SPELLMAN, MICHAEL P  
Address: 3112 ORTEGA DR.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** MICHAEL F. COPPINS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date