

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90234 043 ***150.00

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04202004 Chg-P CR2E034 (10/03)

DOCUMENT # F88618 1. Entity Name WILLIAMS FINANCIAL CONSULTANTS, INC.					
Principal Place of Business 3000 N UNIVERSITY DRIVE 2F POMPANO BEACH, FL 33065			Mailing Address 3000 N UNIVERSITY DRIVE 2F POMPANO BEACH, FL 33065		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Coral Springs		City & State Coral Springs		4. FEI Number 59-2204455	
Zip 		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JOS. P JR. 3200 N. MILITARY TRAIL, SUITE 140 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000 N. University Drive 2F City Coral Springs FL Zip Code 33065	
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 <i>J. Williams</i> SEC-TREAS 4-20-04 (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JOSEPH P, JR 3000 N UNIVERSTIY DRIVE 2F POMPANO BEACH, FL 33065 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Coral Springs	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, LOIS COLE 3000 N UNIVERSITY DRIVE 2F POMPANO BEACH, FL 33065 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Coral Springs	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>J. Williams</i> SEC TREAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-20-04 954-227-5511 X4 Date Daytime Phone *		