

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F97638

1. Entity Name
**WILLIAMS, GAUTIER, GWYNN, DELOACH & SORENSON,
P.A.**



Principal Place of Business
**2010 DELTA BOULEVARD
TALLAHASSEE, FL 32303 US**

Mailing Address
**P O BOX 4128
TALLAHASSEE, FL 32315 US**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2213062

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SORENSON, JAMES E
2010 DELTA BLVD
TALLAHASSEE, FL 32303**

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000934561
05/23/08-80037-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, F. PALMER
STREET ADDRESS	2010 DELTA BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VD
NAME	VANLEUVEN, DAVID T
STREET ADDRESS	2010 DELTA BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VD
NAME	GAUTIER, RUSSELL D
STREET ADDRESS	2010 DELTA BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VD
NAME	GWYNN, GEORGE H
STREET ADDRESS	2010 DELTA BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VTD
NAME	DELOACH, JOHN H
STREET ADDRESS	2010 DELTA BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VSD
NAME	SORENSON, JAMES E
STREET ADDRESS	2010 DELTA BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 08

Date

Daytime Phone #