


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H15805**  
 1. Entity Name  
**WILLIAM J. DEAS, P.A.**



Principal Place of Business      Mailing Address  
**2215 RIVER BLVD.**      **2215 RIVER BLVD.**  
**JACKSONVILLE, FL 32204**      **JACKSONVILLE, FL 32204**

**DO NOT WRITE IN THIS SPACE**



01092008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2446972**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DEAS, WILLIAM J.**  
**2215 RIVER BLVD.**  
**JACKSONVILLE, FL 32204**

**DO NOT WRITE IN THIS SPACE**

**B.** 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 \_\_\_\_\_ (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

U00000790150  
 01/23/08-80021-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DEAS, WILLIAM J.
STREET ADDRESS	2215 RIVER BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	DEAS, MARY H.
STREET ADDRESS	2215 RIVER BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_      **1/14/08**      **904-387-9292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #