

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90019 017 ***158.75

DOCUMENT # J11296	
1. Entity Name WILLIAM E. TULLY, III, INC.	

Principal Place of Business 10625 QUAIL RIDGE DR SAINT AUGUSTINE FL 32085 US	Mailing Address 10625 QUAIL RIDGE DR SAINT AUGUSTINE FL 32095 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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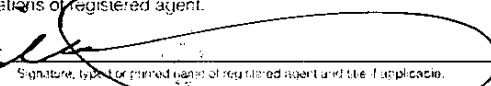
1st MOORE CR2E034 (10/07)

City & State PONTE VEDRA, FL	City & State PONTE VEDRA, FL
Zip 32081	Zip 32081
Country ST JOHNS	Country ST JOHNS

4. FEI Number 59-2688768	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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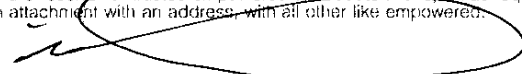
6. Name and Address of Current Registered Agent TULLY, WILLIAM E., III 10625 QUAIL RIDGE DR SAINT AUGUSTINE FL 32095	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City PONTE VEDRA FL Zip Code 32081
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8. 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 	DATE 2-11-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME TULLY, WILLIAM E., JR.		NAME	
STREET ADDRESS 2722 SUNNYBROOK RD		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32216		CITY-ST-ZIP	
TITLE PD	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME TULLY, WILLIAM E. III		NAME	
STREET ADDRESS 10625 QUAIL RIDGE DR		STREET ADDRESS	
CITY-ST-ZIP SAINT AUGUSTINE FL 32095		CITY-ST-ZIP	
TITLE ST	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME TULLY, DONNA LYNN		NAME	
STREET ADDRESS 10625 QUAIL RIDGE DR		STREET ADDRESS	
CITY-ST-ZIP SAINT AUGUSTINE FL 32095		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE 2-11-08 9:24-824-6371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE