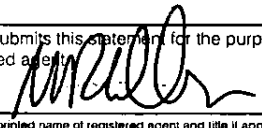
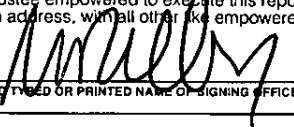


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90085 034 ***150.00

DOCUMENT # P99000071735					
1. Entity Name MICHAEL P. WILLIAMS, P.A.					
Principal Place of Business 3131 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246			Mailing Address 3131 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246		
2. Principal Place of Business 2315 BEACH BLVD.		3. Mailing Address 2315 BEACH BLVD.		 04062005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. SUITE 201A		Suite, Apt. #, etc. SUITE 201A			
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL			
Zip 32250	Country USA	Zip 32250	Country USA		
4. FEI Number 59-3593195				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WILLIAMS, MICHAEL P 3131 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2315 BEACH BLVD., SUITE 201A City JACKSONVILLE BEACH FL Zip Code 32250		
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 4/6/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☐ Delete WILLIAMS, MICHAEL P 3131 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2315 BEACH BLVD., SUITE 201A JACKSONVILLE BEACH, FL 32250				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 				
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:  MICHAEL P. WILLIAMS DATE 4/6/05 DAYTIME PHONE # (904) 224-2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					