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	Mailing Address
3131 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246	3131 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2315 BEACH BLVD.		2315 BEACH BLVD.	
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	7. Name and Address of New Registered Agent
WILLIAMS, MICHAEL P 3131 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246	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: [signature] 4/6/05
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, 2005 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	PSTD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	WILLIAMS, MICHAEL P		NAME		
STREET ADDRESS	3131 ST JOHNS BLUFF RD		STREET ADDRESS	2315 BEACH BLVD., SUITE 201A	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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 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: [signature] MICHAEL P. WILLIAMS 4/6/05 (904) 224-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #