

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H15805

**Entity Name:** WILLIAM J. DEAS, P.A.

**Current Principal Place of Business:**

2215 RIVER BLVD.  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2215 RIVER BLVD.  
JACKSONVILLE, FL 32204 US

**FEI Number:** 59-2446972

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PD	Title	ST
Name	DEAS, WILLIAM J.	Name	DEAS, ALEXANDRA L
Address	2215 RIVER BLVD.	Address	2215 RIVER BLVD.
City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL 32204

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM J. DEAS

**PRESIDENT**

**01/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date