**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 04, 2017**
**Secretary of State**
**CC0585186318**

DOCUMENT# P01000014380

**Entity Name:** WILLARD S. THOMAS CPA, P.A.

**Current Principal Place of Business:**

8851 BRISTOL BLVD
FORT MYERS, FL 33908

**Current Mailing Address:**

PO BOX 5077
FORT MYERS BEACH, FL 33932 US

**FEI Number: 65-1071615**

**Certificate of Status Desired:** No

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

THOMAS, KATHRYN F
8851 BRISTOL BEND
FORT MYERS, FL 33908 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 | D | Title | DIRECTOR |
| Name | THOMAS, WILLARD S | Name | THOMAS, KATHRYN F |
| Address | 8851 BRISTOL BEND | Address | 8851 BRISTOL BLVD |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 |

*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: WILLARD S THOMAS PRESIDENT 02/04/2017

Electronic Signature of Signing Officer/Director Detail — Date