

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90226 003 ***150.00

DOCUMENT # 466691

1. Entity Name

WILLIAM S. JONASSEN P.A.



Principal Place of Business

10785 ULMERTON RD
LARGO FL 34648
US

Mailing Address

10785 ULMERTON RD
LARGO FL 34648
US

50020198



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

604 Druid Road East

Suite, Apt. #, etc.

Clearwater Beach

City & State

Florida 33767

Zip

Country

3. Mailing Address

604 Druid Road East

Suite, Apt. #, etc.

Clearwater Beach

City & State

Florida 33767

Zip

Country

4. FEI Number

59-1567864

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

JONASSEN, WILLIAM S.
10785 ULMERTON ROAD
LARGO FL 33778

Name

William S. Jonassen

Street Address (P.O. Box Number is Not Acceptable)

604 Druid Road East

Clearwater Beach, Florida 33767

City

FL

Zip Code

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, 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

Make Check Payable to Florida Department of State

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
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STREET ADDRESS
CITY - ST - ZIP

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JONASSEN, WILLIAM S.
10785 ULMERTON RD
LARGO FL

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-446-7116

Date **3/25/05**

Daytime Phone #