

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 639747

1. Entity Name
DON E. WILLIAMSON, O.D.P.A.



Principal Place of Business
**3218 DEL PRADO BLVD
CAPE CORAL, FL 33904**

Mailing Address
**3218 DEL PRADO BLVD
CAPE CORAL, FL 33904**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1942145

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMSON, DON E
3218 DEL PRADO BLVD
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000789070
01/22/08-80010-018 150.00

10. OFFICERS AND DIRECTORS:

TITLE	PD
NAME	WILLIAMSON, DON E.
STREET ADDRESS	2037 S.E. 28TH ST.
CITY-STATE-ZIP	CAPE CORAL, FL
TITLE	STD
NAME	WILLIAMSON, MARY ANN
STREET ADDRESS	2037 S.E. 28TH ST.
CITY-STATE-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Don E. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date Daytime Phone #