

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 639747

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** DON E. WILLIAMSON, O.D.P.A.

**Current Principal Place of Business:**

3218 DEL PRADO BLVD S  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

3218 DEL PRADO BLVD S  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 59-1942145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WILLIAMSON, CHRISTOPHER E PRESIDE  
3218 DEL PRADO BLVD S  
CAPE CORAL, FL 33904 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:** CHRISTOPHER E WILLIAMSON

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WILLIAMSON, CHRISTOPHER E  
**Address:** 1906 SE 20TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33990

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:** CHRISTOPHER E. WILLIAMSON

PRES

01/25/2012

Electronic Signature of Signing Officer or Director

Date