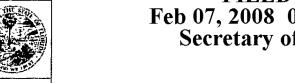
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **DOCUMENT # 674475** 1. Entity Name WILLIAM'S OF MERRITTISLAND INCORPORATED





| WILLIAM | O OF MILITARY IN | CONFONATED | | 7 |
|---|--|---|------------------------------------|--|
| Principal Place of Business | | Mailing Address | | The second secon |
| | JRTENAY PKWY LAND FL 32953 | 2625 N COURTENAY MERRITT ISLAND FL : | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite. Apt. #. etc. | | 1st MOORE CR2E034 (10/07) |
| City & State | | City & State | | 4. FEI Number 59-2008063 Applied For Not Applicab |
| Zıp | Country | Ζp | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| | | | Name | |
| WILLIAM, NI 2625 N COURTENAY PKWY MERRITT ISLAND FL 32952 | | | Street Addres | ess (P.O. Box Number is Not Acceptable) |
| | | | City | Zip Code |
| | | 10 TO 10 B 10 B 10 C 10 | | |
| | named entity submits this statement for ions of registered agent. | or the purpose of changing its | registered office or regis | istered agent, or both, in the State of Florida. I am familiar with, and accep |
| SIGNATURE . | Signature, typed or printed henry of registered agent | della turni perio | E Banks and American supplies | Numa when reignated DATE |
| | · · · · · · · · · · · · · · · · · · · | | E. Registered Agont eigenture requ | Iming what teledistria 6) DATE |
| After | ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 Payable to Florida Department of |) (#), 9 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE | Р | ☐ Delete | TITLE | ☐ Change ☐ Additio |
| MAME | NI, WILLIAM | | NAME | |
| | 2625 N COURTENAY PKWY | | STREE* ADDRESS | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | | CITY-ST-ZIP | |
| TITLE | | ☐ Derete | TITLE | U00000818877 □ Change □ Additio 02/15/08-80060-017 150.00 |
| NAME | | | MAME | 02715708-80060-017 150.00 |
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| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| 4.5 1. | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate any 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, will all other like empowered.

SIGNATURE: