

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90066 010 ***550.00

DOCUMENT # F06000007052

1. Entity Name
WILLIAMSBURG PLANTATION, INC.



Principal Place of Business
**3015 N. OCEAN BLVD., SUITE 115
FT. LAUDERDALE, FL 33308**

Mailing Address
**3015 N. OCEAN BLVD., SUITE 115
FT. LAUDERDALE, FL 33308**

60053923



2. Principal Place of Business - No P.O. Box #
4870 Long Hill Rd

3. Mailing Address
**3015 N. Ocean Blvd
Suite, Apt. #, etc.
Ste 121**

07052007 Chg-P CR2E034 (12/06)

City & State
Williamsburg VA
Zip Country
23188 James City

City & State
Ft. Lauderdale FL
Zip Country
33308 Broward

4. FEI Number
54-1595451

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name
Rebecca Foster
Street Address (P.O. Box Number is Not Acceptable)
3015 N. Ocean Blvd
Ste 121
City
Ft. Lauderdale FL Zip Code
33308

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)

7/5/2007
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
FOSTER, REBECCA
3015 N. OCEAN BLVD., SUITE 115
FT. LAUDERDALE, FL 33308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTV
LANDAU, MARC
3015 N. OCEAN BLVD., SUITE 115
FT. LAUDERDALE, FL 33308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2007 9545632449
DATE Daytime Phone #

Rebecca Foster President