

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90032 004 ***150.00

DOCUMENT # F46738

1. Entity Name
LIVERMORE, FREEMAN & MCWILLIAMS, P.A.



Principal Place of Business
**1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE, FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE, FL 32207**

40058023



03122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
320 NORTH FIRST STREET

3. Mailing Address
320 NORTH FIRST STREET

Suite, Apt. #, etc.
Suite 603
City & State
**JACKSONVILLE
Beach, FL**

Suite, Apt. #, etc.
Suite 603
City & State
**JACKSONVILLE
Beach, FL**

Zip
32250
Country
USA

Zip
32250
Country
USA

4. FEI Number
59-2129150

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LIVERMORE, DANIEL U JR
1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
320 NORTH FIRST STREET, Suite 603
City
JACKSONVILLE BEACH, FL Zip Code
32250

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

Judson Freeman, Jr.
JUDSON FREEMAN, JR.

4/9/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	VS MCWILLIAMS, III, JOHN L 1301 RIVERPLACE BLVD, SUITE 1825 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREEMAN, JUDSON JR 1301 RIVERPLACE BLVD, SUITE 1825 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVERMORE, DANIEL U JR 1301 RIVERPLACE BLVD, SUITE 1825 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 NORTH FIRST STREET, Suite 603 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 NORTH FIRST STREET, Suite 603 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 NORTH FIRST STREET, Suite 603 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Judson Freeman, Jr.
JUDSON FREEMAN, JR.

4/9/07

DATE

904-399-0500

DAYTIME PHONE #