


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F49337 1. Entity Name ALAN WILLIAMS AND ASSOCIATES, INC. |  |
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| Principal Place of Business 13700-1 BEN C PRATT SIX MILE CYPRESS PKWY FT MYERS, FL 33912 US | Mailing Address 13700-1 BEN C PRATT SIX MILE CYPRESS PKWY FT MYERS, FL 33912 US |
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-2135948 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILLIAMS, ALAN S. 13700-1 BEN C. PRATT SIX MILE CYPRESS PKWY FT MYERS, FL 33912 |
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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, 2004 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 | P WILLIAMS, ALAN S. 12781 MEADOW PINE LANE FORT MYERS, FL 33913 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V WILLIAMS, JEFFREY A 17657 BOAT CLUB DRIVE FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST WILLIAMS, ESTHER W 12781 MEADOW PINE LANE FORT MYERS, FL 33913 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/26/04-80143-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 239-418-1100
Date Daytime Phone #