

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90347 016 ***150.00

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1. Entity Name

DENNIS M. WILLIAMS, ARCHITECT, P.C.



Principal Place of Business

151 SAWGRASS CORNERS
STE 103
PONTE VEDRA BEACH FL 32082

Mailing Address

151 SAWGRASS CORNERS
STE 103
PONTE VEDRA BEACH FL 32082

00040364



2. Principal Place of Business

151 Sawgrass Corners Dr.
Suite, Apt. #, etc.
Suite 106

3. Mailing Address

151 Sawgrass Corners Dr.
Suite, Apt. #, etc.
Suite 106

1st MOORE

CR2E034 (10/04)

City & State

Ponte Vedra Beach, FL
Zip 32082 Country

City & State

Ponte Vedra Beach, FL
Zip 32082 Country

4. FEI Number

58-1365457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DENNIS M
29 LAKE JULIA DR. S.
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME WILLIAMS, DENNIS M
STREET ADDRESS 29 LAKE JULIA DR. S.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE CST ☐ Delete
NAME WILLIAMS, SALLY
STREET ADDRESS 29 LAKE JULIA DR. S.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Sally Williams SALLY WILLIAMS 4/15/05 904/273-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #