

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 22, 2008 08:00 A
Secretary of State**

DOCUMENT # H07252

1. Entity Name
WILLIAM R. NORTHCUTT, P.A.



Principal Place of Business
**C/O WILLIAM R. NORTHCUTT
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937**

Mailing Address
**C/O WILLIAM R. NORTHCUTT
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2415854

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NORTHCUTT, WILLIAM R.
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937**

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

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

**000000024613
02/28/08-80060-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	NORTHCUTT, WILLIAM R.
STREET ADDRESS	2194 HWY A1A, STE. 306
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL
TITLE	S
NAME	NORTHCUTT, SIEGRID D
STREET ADDRESS	2194 HWY. A1A STE. 306
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

William R. Northcutt
William R. Northcutt

1/10/08

321-773-5320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #