

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 050 ***150.00

DOCUMENT # J44254

1. Entity Name

RAYMOND, WILSON & CONWAY, P.A.



Principal Place of Business

170 EAST GRANADA BLVD.
P.O. BOX 65
ORMOND BEACH FL 32176-6665

Mailing Address

170 EAST GRANADA BLVD.
P.O. BOX 65
ORMOND BEACH FL 32176-6665

94014951



MOORE

CR2E034 (11/03)

2. Principal Place of Business

170 E. Granada Blvd.

Suite, Apt. #, etc.

3. Mailing Address

170 E. Granada Blvd.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

USA

Zip

32176

Country

USA

4. FEI Number

59-2737315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONWAY, LOUIS E.
170 EAST GRANADA BOULEVARD
ORMOND BEACH FL 32176

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

Louis E. Conway

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 SD ☐ Delete
NAME CONWAY, LOUIS E.
STREET ADDRESS 170 E GRANADA BLVD
CITY-ST-ZIP ORMOND BEACH FL

TITLE PD ☒ Delete
NAME BARR, WILLIAM M.
STREET ADDRESS 170 E. GRANADA BLVD.
CITY-ST-ZIP ORMOND BEACH FL

TITLE VPTD ☒ Delete
NAME HAHN, JAMES G.
STREET ADDRESS 170 E. GRANADA BLVD.
CITY-ST-ZIP ORMOND BEACH FL

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 PSTD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Louis E. Conway

2/4/04

386-673-4200

Date

Daytime Phone #