

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90075 044 ***150.00

DOCUMENT # J44254

1. Entity Name

RAYMOND, WILSON & CONWAY, P.A.



Principal Place of Business

170 EAST GRANADA BLVD.
ORMOND BEACH FL 32176-6665

Mailing Address

170 EAST GRANADA BLVD.
ORMOND BEACH FL 32176-6665

2. Principal Place of Business

192 Vining Court

Suite, Apt. #, etc.

3. Mailing Address

192 Vining Court

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

U.S.A.

Zip

32176

Country

U.S.A.

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 Conway, Louis E.
Street Address (P.O. Box Number is Not Acceptable)

192 Vining Court

City Ormond Beach

FL

Zip Code

32176

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

1-27-05

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 PSTD ☐ Delete
NAME CONWAY, LOUIS E.
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

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 CONWAY, LOUIS E.
STREET ADDRESS 192 Vining Court
CITY-ST-ZIP Ormond Beach, FL 32176

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

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-05

20006907



1st MOORE

CR2E034 (10/04)