

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90043 011 ***150.00

DOCUMENT # K84798

1. Entity Name
ROBERT H. WILLIAMSON, JR. CPA, PA



Principal Place of Business
% ROBERT H. WILLIAMSON, JR.
2300 W. BAY DR.
LARGO, FL 33770-1975

Mailing Address
% ROBERT H. WILLIAMSON, JR.
2300 W. BAY DR.
LARGO, FL 33770-1975

40039616



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01182008 Chg-P CR2E034 (12/06)

City & State
Zip

4. FEI Number
59-2946352

Applied For
Not Applicable

City & State
Zip

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

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, ROBERT H., JR
2300 WEST BAY DRIVE
LARGO, FL 33770-1975

Name **DEBORAH O. CARDER**
Street Address (P.O. Box Number is Not Acceptable)
2300 WEST BAY DR
City **LARGO** FL Zip Code **33770**

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 Deborah O. Carder DATE 1/25/2008

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, ROBERT H., JR 504 ELM DRIVE OAK LEAF, TX 75154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKUNE, ANGELA F 504 ELM DRIVE OAK LEAF, TX 75157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEEBERG, LINDA S 304 - 29TH AVE NO. ST PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert H. Williamson Jr DATE: 3/27/08 (978) 8372