

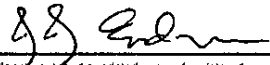



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90048 031 \*\*\*\*61.25

<b>DOCUMENT # N04000007606</b> 1. Entity Name <b>WILLIAMSBURG OF ST. PETERSBURG, INC.</b>					
Principal Place of Business <b>1130-83RD AVE. N. ST. PETERSBURG, FL 33702</b>			Mailing Address <b>1130-83RD AVE. N. ST. PETERSBURG, FL 33702</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6916 1<sup>st</sup> Ave N</b> <b>102</b>			
City & State <b>St. Petersburg</b>		City & State <b>St. Petersburg</b>		03172005 Chg-NP CR2E037 (10/03)	
Zip <b>33701</b>		Country		4. FEI Number <b>59-1840135</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ERDMAN PROPERTY MANAGEMENT, INC. 696 1ST AVE. NORTH, SUITE 102 ST. PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name <b>JJ Erdman</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>3-18-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>BERRY, LEON 1130-83RD AVE. N. ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>CLARKE, NORMA 1130-83RD AVE. N. ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>RENNER, LESLIE 1130-83RD AVE. N. ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>LUCAS, CHRISTOPHER 1130-83RD AVE. N. ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MCINTOSH, JUNE 1130-83RD AVE. N. ST. PETERSBURG, FL 33702</b>	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		
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 617, 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.					
<b>SIGNATURE:</b> 			<b>3-18-05 727 821 4891</b> <small>Date Daytime Phone #</small>		