

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90125 043 \*\*\*\*61.25

<b>DOCUMENT # N04000007606</b>					
<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> 696 1ST AVE N STE 102 SAINT PETERSBURG, FL 33701 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 1130 - 83RD AVE N.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State ST. PETERSBURG, FL		
Zip		Country		Zip 33702	
Country		Country PINELLAS		04032006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-1840135				<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ERDMAN, JJ 696 1ST AVE. NORTH, SUITE 102 ST. PETERSBURG, FL 33701			<b>7. Name and Address of New Registered Agent</b> Name MOODY, RANDY C. Street Address (P.O. Box Number is Not Acceptable) 6157 31ST AVENUE NORTH City ST. PETERSBURG, FL Zip Code 33710		
<b>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.</b>					
SIGNATURE  RANDY C. MOODY "AGENT" 04-03-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> BERRY, LEON		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1130-83RD AVE. N.	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> CLARKE, NORMA		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1130-83RD AVE. N.	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> RENNER, LESLIE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1130-83RD AVE. N.	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> LUCAS, CHRISTOPHER		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1130-83RD AVE. N.	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> MCINTOSH, JUNE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1130-83RD AVE. N.	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> DROPPELMAN, THOMAS		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1130-83RD AVE. N.	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>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 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>					
<b>SIGNATURE:</b> LESLIE RENNER, PRES 04/03/06 (727) 515-4653 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					