## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N04000007606

## **FILED** Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90143 030 \*\*\*\*61.25

| WILLIAMSBURG OF ST. PETERSBURG, INC.                 |   |                    |  |              |                         |  |                                |                   |             |                           |                           |
|--|---|--------------------|--|--------------|-------------------------|--|--------------------------------|-------------------|-------------|---------------------------|---------------------------|
| 1130-83RD AVE. N. 113                                |   | 1130               | lailing Address<br>1130-83RD AVE. N.<br>17. PETERSBURG, FL 33702 |              | US                      |  | 40082695                       |                   |             |                           |                           |
| 2. Principal Place of Business - No P.O. Box # 3. Ma |   |                    | Mailing Address  |              |                         |  |                                |                   |             |                           |                           |
| Suite, Apt. #, etc.                                  |   | Sui                | Suite, Apt. #, etc.  |              |                         |  | 04192008 <sub>C</sub>          | hg-NP             | CR2E03      | 7 (12/06)                 |                           |
| City & State   |   | City               | City & State   |              |                         | ,  | 4. FEI Number 59-184013        | 35                |             |                           | plied For<br>t Applicable |
| Zip  | Country   | Zip                | Zip Country  |              |                         |  | 5. Certificate of S            | tatus Desired     |             | \$8.75 Add<br>ee Required | itional                   |
| ₹.   | 6. Name and Address of Current  | Registere          | d Agent  |              |                         |  | 7. Name and Add                | tress of New Re   | gistered A  | gent                      |                           |
| MOODY F  | BANDY   |                    |  | Name         |                         |  |                                |                   |             |                           |                           |
| MOODY, RANDY<br>6157 31ST AVENUE NORTH               |   |                    | Street Addr  |              |                         | ddress (1  | P.O. Box Number is             | Not Acceptable)   | ·           | -                         |                           |
| SAINT PETERSBURG, FL 33710                           |   |                    |  |              |                         |  |                                |                   |             |                           |                           |
|  |   |                    |  | :            | 1.0                     |  |                                |                   |             |                           |                           |
|  |   |                    |  |              | City                    |  |                                |                   | FL          | Zip Code                  | •                         |
|  | named entity submits this statement for<br>tions of registered agent. | r the purpe        | ose of changing its re   | egistere     | ed office o             | r register   | red agent, or both, in         | the State of Flor | ida. I am f | amiliar with,             | and accept                |
|  | ;;  |                    |  |              | •                       |  |                                |                   |             |                           |                           |
| . SIGNATURE  | Signature, typed or printed name of registered agent a                | and little it anni | cable (NOTE:   | Recietore    | d Agent signar          | ure required                                       | i when reinstating)            |                   | DATE        |                           |                           |
|  |   |                    |  | r logistor o |                         |  | -                              |                   |             | 95% * 35                  |                           |
| · .  | Filing Fee is \$61.25<br>Due by May 1, 2008                           |                    | 9. Election Campaign Financing Trust Fund Contribution.          |              |                         |  | \$5.00 May Be<br>Added to Fees | Florie            |             | payable to<br>ment of St  |                           |
| 10.  | OFFICERS AND DIF  | RECTORS            |  | 11.          |                         | **************************************             | ADDITIONS/CHANC                |                   |             | RECTORS IN                | 10                        |
| TITLE  | PT 6  |                    | 🔀 Delete   | TITLE        |                         | PRES   | SIDDAY                         | ****              |             | Change                    | Addition                  |
| NAME<br>STREET ADDRESS                               | BERRY LEON<br>1130 83RD AVE NORTH                                     |                    |  | NAM          | ET ADDRESS              | WER  | THMAN, TO 83 AD                | AVERVE            | NOAT        | N/                        |                           |
| CITY-ST-ZIP  | SAINT PETERSBURG, FL 3370   | 2                  |  | -ST-ZIP      | (13                     | PETERSBU   | IAG FC                         | 3370              | 2           |                           |                           |
| TITLE  | s   |                    | Delete   | TITL         | <br>E                   | <del>,                                      </del> | BETOR                          |                   | 3370        | Change                    | Addition                  |
| NAME   | LUCAS, CHRISTOPHER  |                    | <b>J</b>   | NAM          |                         | REAL   | RY ELEAN                       | DA                |             |                           |                           |
| STREET ADDRESS                                       | 1130-83RD AVE. N.   |                    |  | STRE         | ET ADDRESS              | 1/30   | BBAD AL                        | EMUE NO           | DATH        |                           |                           |
| CHY-ST-ZIP   | ST. PETERSBURG, FL 33702  |                    |  | CITY         | -ST-ZIP                 | ST.  | PETERS BURG                    | 5, FC 3.          | 3702        |                           |                           |
| HILLE  | VP  |                    | ☐ Delete   | TITL         |                         |  |                                |                   | -           | _ Change _                | . 🔲 Addition              |
| NAME   | SCANELLA, DANIEL<br>1130 N. 83RD AVE                                  |                    |  | NAM          |                         |  |                                |                   |             |                           |                           |
| STREET ADDRESS<br>CITY-ST-ZIP                        | ST. PETERSBURG, FL 33702  |                    |  |              | ET ADDRESS<br>-ST-ZIP   |  |                                |                   |             |                           |                           |
| TITLE  | D   |                    | Delete   | TITL         |                         | <del> </del>                                       |                                |                   |             | Change                    | ☐ Addition                |
| NAME   | DROPPELMAN, THOMAS  |                    | JESI DEIGLE  | NAM          |                         |  |                                |                   |             | Onlings                   |                           |
| STREET ADDRESS                                       | 1130 N. 83RD AVE  |                    |  | STRE         | ET ADDRESS              |  |                                |                   |             |                           |                           |
| CITY-ST-ZIP  | ST. PETERSBURG, FL 33702  |                    |  | CITY         | -ST-ZIP                 |  |                                |                   |             |                           |                           |
| TITLE  | T   |                    | ☐ Delete   | TITL         |                         | SECI   | RETARY/T                       | REASUR ER         |             | 🔀 Change                  | ☐ Addition                |
| NAME   | SPENIK, DIANA   |                    |  | NAM          |                         | SPE  | MIK, DIAN                      | A                 |             |                           |                           |
| STREET ADDRESS<br>CITY-ST-ZIP                        | 1130 N. 83RD AVE<br>SAINT PETERSBURG, FL. 3370                        | 12                 |  | 4            | EET ADDRESS<br>'-ST-ZIP | AD   | MIK, DIAR                      | AME               |             |                           |                           |
| TITLE  |   | <del>-</del>       | ☐ Delcte   | TITL         |                         | 1  | RECTOR                         |                   |             | ☐ Change                  | Addition                  |
| NAME   |   |                    |  | NAM          |                         | FAI  | TON DAYI                       | Þ                 |             | _ •                       | المستورد بحر              |
| STREET ADDRESS                                       | 1   |                    |  |              | EET ADDRESS             | //3  | 0 83 AD 1                      | AVENUE.           | NOATA       | <b>y</b>                  |                           |
| CITY-ST-ZIP  |   |                    |  | CITY         | -ST-ZIP                 | 57.  | PETERSE                        | URB, F            | <u> </u>    | 702                       |                           |
| 12. Thereby  | certify that the information supplied with                            | n this filing      | does not qualify for   | the exe      | emptions o              |  |                                |                   |             |                           | formation                 |

indicated on this report or suppliemental 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.

1. Entity Name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR