

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90020 049 ***150.00

DOCUMENT # P00000035817

1. Entity Name

MCWILLIAMS & ASSOCIATES, INC.



Principal Place of Business

659 MAITLAND AVE., SUITE A
ALTAMONTE SPRINGS FL 32701-6860

Mailing Address

659 MAITLAND AVE., SUITE A
ALTAMONTE SPRINGS FL 32701-6860



2. Principal Place of Business - No P.O. Box #

697 Maitland Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Altamonte Springs

City & State

4. FEI Number

59-3637418

Applied For

Not Applicable

Zip

32701

Country

Seamless

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCWILLIAMS, SCOTT
659 MAITLAND AVE., SUITE A
ALTAMONTE SPRINGS FL 32701-6860

7. Name and Address of New Registered Agent

Name

McWilliams, Scott

Street Address (P.O. Box Number is Not Acceptable)

697 Maitland Ave

Altamonte Springs, FL

City

FL

Zip Code
32701

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

Scott McWilliams

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 D ☐ Delete
NAME MCWILLIAMS, SCOTT
STREET ADDRESS 659 MAITLAND AVE., SUITE A
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-6860

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 697 Maitland Ave.
CITY-ST-ZIP Altamonte Springs, FL 32701

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 exemptions contained in Section 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:

Scott McWilliams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

Date

Exemption Form #