

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 038 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000104916					
1. Entity Name AVA WILLIAMS AGENCY, INC.					
Principal Place of Business 27171 STATE RD 64 EAST MYAKKA CITY, FL 34251			Mailing Address 27171 STATE RD 64 EAST MYAKKA CITY, FL 34251		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1060567	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, EVA 27171 STATE RD 64 EAST BRADENTON, FL 34205 MYAKKA CITY, FL 34251				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ Signature, hand or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when addressing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D WILCOX, DAVID W ☒ Delete				
NAME	308 13TH ST WEST				
STREET ADDRESS	BRADENTON, FL 34205				
CITY - ST - ZIP					
TITLE	PST WILLIAMS, EVA ☐ Delete				
NAME	27171 STATE RD 6 EAST				
STREET ADDRESS	MYAKKA CITY, FL 34251				
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					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statute. 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 Statute; 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: <u>Eva Williams / President</u> 4/4/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					