## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P01000042286** 04-30-2004 90344 048 \*\*\*150.00 1. Entity Name RICHARD WILLIAMS ENTERPRISES, INC. Principal Place of Business Mailing Address エオリエひんひひ 3231 SPANISH RIVER DRIVE 3231 SPANISH RIVER DRIVE POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1095402 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, RICHARD 3231 SPANISH RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33062 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ■ Addition NAME WILLIAMS, RICHARD NAME 3231 SPANISH RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition WILLIAMS, VANESSA NAME NAME STREET ADDRESS 3231 SPANISH RIVER DRIVE STREET ADDRESS POMPANO BEACH, FL 33062 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition WHITMER, HARRY -- -NAME STREET ADDRESS 2330 NE 36TH STREET, SUITE 9 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supposed 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 of supposemental 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 of the corporation or the receiver or trustee changed, or on an attachment with an add SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

FILED