

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 047 ***150.00

DOCUMENT # P01000094597

1. Entity Name
WJHJ FINANCIAL CONSULTANTS, INC.



Principal Place of Business
~~24420 MARSH LANDING PKWY.~~
PONTE VEDRA BEACH, FL 32082

Mailing Address
~~24420 MARSH LANDING PKWY.~~
PONTE VEDRA BEACH, FL 32082

00033304

2. Principal Place of Business
118 Glen Cove Place
Suite, Apt. #, etc.

3. Mailing Address
118 Glen Cove Place
Suite, Apt. #, etc.



03072005 Chg-P CR2E034 (10/03)

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

Zip
32082

Country

Zip
32082

Country

4. FEI Number
59-3751783

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, WILLIAM J
200 SOLANA ROAD
SUITE C
PONTE VEDRA BEACH, FL 32082

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	HALL, WILLIAM J	
STREET ADDRESS	24420 MARSH LANDING PKWY.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, RITA	
STREET ADDRESS	24420 MARSH LANDING PKWY.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	118 Glen Cove Place	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	118 Glen Cove Place	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied 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 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: William J Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/05
Date

Daytime Phone #