



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90094 031 ***150.00

DOCUMENT # P01000096240 1. Entity Name WILLIAMS, LIVINGSTON & ASSOCIATES, P.A.					
Principal Place of Business 300 SMITH ORANGE AVE STE 800 ORLANDO, FL 32801			Mailing Address 300 SMITH ORANGE AVE STE 800 ORLANDO, FL 32801		
2. Principal Place of Business 300 South Orange Ave		3. Mailing Address 300 South Orange Ave		 01052004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. Suite 1500		Suite, Apt. #, etc. Suite 1500			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801		Zip 32801			
Country USA		Country USA		4. FEI Number 01-0549448	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LIVINGSTON, SCOTT A 300 SMITH ORANGE AVE STE 800 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Scott A. Livingston Street Address (P.O. Box Number is Not Acceptable) 300 South Orange Ave, Suite 1500 City Orlando FL Zip Code 32801		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, CHARLES E JR. 300 SOUTH ORANGE AVE STE 800 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Charles E. Williams, Jr. 300 South Orange Ave, Suite 1500 Orlando, FL 32801
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LIVINGSTON, SCOTT A 300 SOUTH ORANGE AVE STE 800 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Scott A. Livingston 300 South Orange Ave, Suite 1500 Orlando, FL 32801
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/04 (407) 581-1763 Date Daytime Phone #		