


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000113903</b>	
1. Entity Name JANICE LOCKRIDGE-WILLIAMS, P.A.	

Principal Place of Business 1697 66TH AVE S ST PETERSBURG, FL 33712-5958	Mailing Address 1697 66TH AVE S ST PETERSBURG, FL 33712-5958
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**DO NOT WRITE IN THIS SPACE**



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3759625	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KENDALL, ANETTE ONE BEACH DR SE STE 303 ST PETERSBURG, FL 33701	
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS WILLIAMS, JANICE L 1697 66TH AVE S ST PETERSBURG, FL 337125958
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09/03/04-80003-010 150.00

**DO NOT WRITE  
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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: Janice Lockridge Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/30/04 Daytime Phone #: 813-220-7080