


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90233 044 \*\*\*150.00

<b>DOCUMENT # P02000035677</b> 1. Entity Name <b>SHELI WILLIAMS, P.A.</b>					
Principal Place of Business <b>214 WEEPING ELM LANE LONGWOOD, FL 32779</b>			Mailing Address <b>214 WEEPING ELM LANE LONGWOOD, FL 32779</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-3630031</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHELY WILLIAMS 214 WEEPING ELM LANE LONGWOOD, FL 32779</b>				7. Name and Address of New Registered Agent Name <b>Sheli Williams (name spelled incorrectly)</b> Street Address <b>214 WEEPING ELM LANE</b> City <b>LONGWOOD</b> FL <b>32779</b>	
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 <u><i>Sheli Williams</i></u> <u><i>Shd Will</i></u> <u><i>3/2/4</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILLIAMS, SHELI</b> <b>214 WEEPING ELM LANE LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT P/S</b> <b>SECRETARY</b> <b>SHELI WILLIAMS</b> <b>214 WEEPING ELM LANE LONGWOOD FL 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT V/T</b> <b>TREASURER</b> <b>WILLIAM J WILLIAMS</b> <b>214 WEEPING ELM LANE LONGWOOD FL 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	
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: <u><i>Sheli Williams</i></u> <u><i>SHELI WILLIAMS</i></u> <u><i>3/2/4</i></u> <u><i>407-869-1818</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**14010907**



02262004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable