


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000098795	
1. Entity Name WILLIAMS, GIEDD & ASSOCIATES, O.D., P.A.	

Principal Place of Business 516 E JACKSON ST ORLANDO, FL 32801 US	Mailing Address P.O. BOX 536907 ORLANDO, FL 32853-6907 US
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**DO NOT WRITE IN THIS SPACE**

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3870664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ORI, G.R.  
2310 RAEHN AVE.  
ORLANDO, FL 32806

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, BRIGHID 914 W NEW HAMPSHIRE ORLANDO, FL 328044953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIEDD, KERRY A 3626 W. SUPREME COURT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0000000814314  
02/13/08-80039-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brighid Williams Brighid Williams 1-30-08 407-447-7739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #