

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 24, 2006 8:00 am
Secretary of State

03-10-2006 90016 039 ***150.00

DOCUMENT P02000129655

1. Entity Name
JOHN WILLIAM TOWNSEND, INC.



Principal Place of Business
**1003 EAST AVE. NORTH
SARASOTA, FL 34237**

Mailing Address
**16528 N DALE MABRY HWY
TAMPA, FL 33618**

66006965



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number
81-0585021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, WALTER
16528 N DALE MABRY HWY
TAMPA, FL 33618**

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 Walter Sanders
Signature, typed or printed name of registered agent and title if applicable

Walter Sanders

(NOTE: Registered Agent signature required when registering)

2/22/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	D TOWNSEND, JOHN W 1003 EAST AVE. NORTH SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 John W. Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Townsend

3/20/06
Date

Daytime Phone #



ATTACHMENT

66006965

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2006

JOHN WILLIAM TOWNSEND, INC.
16528 N DALE MABRY HWY
TAMPA, FL 33618

Subject: JOHN WILLIAM TOWNSEND, INC.

Reference Number: P02000129655

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION