

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000062444

1. Entity Name

DEBRA J. WILLIAMS ACCOUNTING SERVICES, INC.



Principal Place of Business

3019 ROCKINGHAM CIRCLE
ORLANDO FL 32808

Mailing Address

3019 ROCKINGHAM CIRCLE
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DEBRA J
3019 ROCKINGHAM CIRCLE
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WILLIAMS, DEBRA J
STREET ADDRESS P.O. BOX 580914
CITY-ST-ZIP ORLANDO FL 32858

TITLE V ☐ Delete
NAME JACKSON, EVELYN
STREET ADDRESS 3019 ROCKINGHAM CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete
NAME HILLIARD, DELORIS
STREET ADDRESS P.O. BOX 580914
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete
NAME BROOKS, ROBBIE
STREET ADDRESS P.O. BOX 580914
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete
NAME BURT, JOHANNA
STREET ADDRESS 2125 PALM VISTA DRIVE
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Delete
NAME COHEN, SANDRA
STREET ADDRESS 1305 N. PINE HILLS ROAD
CITY-ST-ZIP ORLANDO FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME U00000037289
STREET ADDRESS 02/06/04-80092-005 150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1/26/04

407 295-5932