

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90075 035 ***150.00

DOCUMENT # P04000006502

1. Entity Name

WILLIAM ENRIGHT, P.A.



Principal Place of Business

Mailing Address

**1909 WELLS STREET
TALLAHASSEE FL 32308**

**1909 WELLS STREET
TALLAHASSEE FL 32308**

40014516



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

6161 Pimlico Ct

3. Mailing Address

6161 Pimlico Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

20-0546152

Applied For

Not Applicable

Zip

32309

Country

U.S.A.

Zip

32309

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ENRIGHT, WILLIAM G
1909 WELLS STREET
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

William G Enright

Street Address (P.O. Box Number is Not Acceptable)

6161 Pimlico Ct.

City

Tallahassee

FL

Zip Code

32309

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 **OWNE** ☐ Delete
NAME **ENRIGHT, WILLIAM G OWNER**
STREET ADDRESS **1909 WELLS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner** ☒ Change ☐ Addition
NAME **Enright, William G Owner**
STREET ADDRESS **6161 Pimlico Ct.**
CITY-ST-ZIP **Tallahassee, FL 32309**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

William G Enright

William G Enright

1-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #