

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04 000119599

1. Entity Name

McWILLIAMS LAND SERVICES, INC.



FILED

2007 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CR2E034B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

281 NAYLOR ST NE

Suite, Apt. #, etc.

3. Mailing Address

281 NAYLOR ST NE

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

PALM BAY, FL

4. FEI Number

20-1515615

Applied For

Not Applicable

Zip

32907

Country

BREVARD

Zip

32907

Country

BREVARD

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

7. Name and Address of Current Registered Agent

Name

BRIAN McWILLIAMS

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

281 NAYLOR ST NE

City

PALM BAY

FL

Zip Code

32907

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

Brian McWilliams

4-23-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
BRIAN McWILLIAMS
281 NAYLOR ST. NE, PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300103030943
05/22/07--01047--005 **1050.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian McWilliams

4-23-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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