


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90061 014 ***150.00

DOCUMENT # P04000135830

1. Entity Name
MARY FRANCES WILLIAMS, P.A.



Principal Place of Business
**13361 ATLANTIC BLVD
 JACKSONVILLE, FL 32266**

Mailing Address
**1217 QUEENS HARBOUR BLVD
 JACKSONVILLE, FL 32225**

2. Principal Place of Business
1110 Shipwatch Dr

3. Mailing Address
1110 SHIPWATCH DR. E

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
JACKSONVILLE, FL

Zip
32225 Country
Duval

Zip
32225-5432 Country
DUVAL

40028963



03082006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0525881

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, MARY F
 1217 QUEENS HARBOUR BLVD
 JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1110 SHIPWATCH DR. E.

City **JACKSONVILLE** FL Zip Code **32225**

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 *Mary F Williams* DATE **3-10-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD WILLIAMS, MARY FRANCES 1301 ATLANTIC BLVD JACKSONVILLE, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1110 SHIPWATCH DR. E. JACKSONVILLE, FL 32225-5432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary F Williams* DATE **3-10-06** DAYTIME PHONE # **(904) 280-3017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR