

2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 JUN 11 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000073267			
1. Entity Name CONNIE SESSIONS WILLIAMS PA			
Principal Place of Business 1428 CORAL RIDGE DR FT LAUDERDALE, FL 33304 US		Mailing Address 1428 CORAL RIDGE DR FT LAUDERDALE, FL 33304 US	
2. Principal Place of Business - No P.O. Box # 2807 NE 26th Place		3. Mailing Address 2807 NE 26th Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33306		Country US	
4. FEI Number 20-2874050		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		10142013 Chg-P CR2E034 (12/11)	
6. Name and Address of Current Registered Agent WILLIAMS, CONNIE S 1428 CORAL RIDGE DR FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2807 NE 26th Place City Ft. Lauderdale FL Zip Code 33306	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		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	P WILLIAMS, CONNIE S 1428 CORAL RIDGE DR FT LAUDERDALE, FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2807 NE 26th Place Ft. Lauderdale, FL 33306 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600253060226 10/22/13--01002--008 **550.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 807, 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: Connie Sessions Williams		10/16/13 cwilliams@cmc.com	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		E-MAIL ADDRESS	

10/9/13

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Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
06724c5f-251a-4cb0-9cb9-eeb82f4fb032	P05000073267	0	2	3/12/2010 12:00:00 AM
75d2631d-163a-4016-b84d-4962b37bd9e0	P05000073267	0	2	4/25/2011 12:00:00 AM
c7f9ae4c-3c27-4e59-9a59-40fda5a204ef	P05000073267	0	2	1/24/2012 12:00:00 AM
p05000073267-55c5669f-e616-40ba-82a5-a83e5d73bcce	P05000073267	550	0	6/11/2013 11:13:47 AM

