

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161527

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: THE LAW OFFICE OF BARBARA J. WILLIAMS, P.A.

## Current Principal Place of Business:

189 S ORANGE AVE  
STE 1800  
ORLANDO, FL 32801

## New Principal Place of Business:

189 S ORANGE AVE  
STE 1800  
ORLANDO, FL 32801

## Current Mailing Address:

PO BOX 4498  
ORLANDO, FL 32802

## New Mailing Address:

PO BOX 4498  
ORLANDO, FL 32802 US

FEI Number: 20-3885118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: WILLIAMS, BARBARA J  
Address: 189 SOUTH ORANGE AVE STE 1800  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: WILLIAMS, BARBARA J ESQUIRE  
Address: 189 SOUTH ORANGE AVE STE 1800  
City-St-Zip: ORLANDO, FL 32801

Title: PSTD ( ) Change (X) Addition  
Name: WILLIAMS, BARBARA J ESQUIRE  
Address: P. O. BOX 4498  
City-St-Zip: ORLANDO, FL 32802 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. WILLIAMS, ESQUIRE

OFFI

01/11/2009

Electronic Signature of Signing Officer or Director

Date