


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000006870
 1. Entity Name
 ROBERT MCWILLIAMS ENTERPRISES, INC.



Principal Place of Business 1241 S.W. 19TH AVENUE BOCA RATON, FL 33486	Mailing Address 1241 S.W. 19TH AVENUE BOCA RATON, FL 33486
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01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0397828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCWILLIAMS, ROBERT
 1241 S.W. 19TH AVENUE
 BOCA RATON, FL 33486

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

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	DPV MCWILLIAMS, ROBERT 1241 S.W. 19TH AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS MCWILLIAMS, DONNA 1241 SW 19TH AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/02/05-60039-002 150.00

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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)(l), 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: Donna C McWilliams 1/4/05 561-394-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #