

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010096

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** WILLIAMS & WILLIAMS CPA'S, P.A.

**Current Principal Place of Business:**

640 RIVER RD  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

1409 KINGSLEY AVE #1B  
ORANGE PARK, FL 32073 US

**Current Mailing Address:**

640 RIVER RD  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

1409 KINGSLEY AVE #1B  
ORANGE PARK, FL 32073 US

**FEI Number:** 59-3152665      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, TOM  
640 RIVER RD  
ORANGE PARK, FL 32073 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:** PD  
**Name:** WILLIAMS, TOM  
**Address:** 640 RIVER RD  
**City-St-Zip:** ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: TOM WILLIAMS

P

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date