

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90031 027 ***158.75

DOCUMENT # P94000001060

1. Entity Name
WILLIAM J. WILLITTS MED COVERAGE, INC.



Principal Place of Business
**8553 DUCHESS CT EAST
BOYNTON BEACH, FL 33436 US**

Mailing Address
**8553 DUCHESS CT EAST
BOYNTON BEACH, FL 33436 US**

54005523



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0454662

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLITTS, WILLIAM J
8553 DUCHES CT EAST
BOYNTON BEACH, FL 33436**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

**VP
WILLITTS, WILLIAM J
9870 F WATERMILL CIR
BOYNTON BEACH, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PERRON, L. ANDRE
6095 LELAND ST.
ST. PETERSBURG, FL 33715**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
STOEU, DEMITRE
9870 H WATERMILL CR
BOYTON BCH, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
WILLITTS, RITA L
8553 DUCHESS COURT EAST
BOYNTON BEACH, FL 33436**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**8553 DUCHESS COURT EAST
BOYNTON BEACH, FL**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-04

Date

738-9094

Daytime Phone #