

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000009057

1. Entity Name
WILLIAMSON, DIAMOND & CATON, P.A.



Principal Place of Business _____ Mailing Address _____
9075 SEMINOLE BLVD. 9075 SEMINOLE BLVD.
SEMINOLE, FL 33772 SEMINOLE, FL 33772



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3222092	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

CATON, RICHARD P
9075 SEMINOLE BLVD.
SEMINOLE, FL 33772

**DO NOT WRITE
IN THIS SPACE**

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, 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	D
NAME	WILLIAMSON, DOUGLAS M
STREET ADDRESS	9075 SEMINOLE BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	D
NAME	DIAMOND, SANDRA F
STREET ADDRESS	9075 SEMINOLE BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	D
NAME	CATON, RICHARD P
STREET ADDRESS	9075 SEMINOLE BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000177432
01/11/05-BUU42-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Richard P. Caton

1/4/05

Date

(727) 348-3600

Daytime Phone if