

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90001 038 ***158.75

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1. Entity Name
WILLIAM K. SEAN AND ASSOCIATES, INC.



Principal Place of Business
**1010 E SILVER SPRINGS BLVD
STE 1
OCALA, FL 34470 US**

Mailing Address
**P. O. BOX 440
SILVER SPRINGS, FL 34489-0440 US**

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02042004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3247474

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

**OSBORNE, GEORGE M ESQ.
433 4TH STREET NORTH
ST. PETERSBURG, FL 33701**

Name **Bernal, Rena P**
Street Address (P.O. Box Number is Not Acceptable)
1010 E Silver Springs Blvd S-I
City **OCALA** FL Zip Code **34471**

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 **Rena P. Bernal** **Rena P. Bernal** **2/11/04**
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 **PT** ☒ Delete
NAME **STEELE, ELEANOR M.**
STREET ADDRESS **4979 NE HWY 316**
CITY-ST-ZIP **CITRA, FL 32113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Change ☒ Addition
NAME **BERNAL, Rena P.**
STREET ADDRESS **2621 SE 31 PL**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **VP** ☐ Change ☒ Addition
NAME **Guillema Bernal**
STREET ADDRESS **2621 SE 31 PL**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
NAME
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: **Rena P. Bernal** **Rena P. Bernal, President** **2/11/04** **620-9192**
Signature and typed or printed name of signing officer or director Date Daytime Phone #