


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90047 004 \*\*\*150.00

**DOCUMENT # P95000004711**

1. Entity Name  
**CAPRI WILLIAMS, INC.**



Principal Place of Business  
**30840 US HWY 19 N  
 PALM HARBOR, FL 34684**

Mailing Address  
**30840 US HWY 19 N  
 PALM HARBOR, FL 34684**

J001013D

2. Principal Place of Business  
**11345 COUNTRYWAY BLVD.**

3. Mailing Address  
**11345 COUNTRYWAY BLVD.**

Suite, Apt. #, etc.



01272005 Chg-P CR2E034 (10/03)

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

4. FEI Number  
**59-3292890**

Applied For  
 Not Applicable

Zip  
**33626**

Country  
**U.S.A.**

Zip  
**33626**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent  
**WATERMAN, WILLIAM A III  
 30840 US HIGHWAY 19 NORTH  
 PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name  
**WILLIAM A. WATERMAN III**

Street Address (P.O. Box Number is Not Acceptable)  
**11345 COUNTRYWAY BLVD.**

City  
**TAMPA**

FL Zip Code  
**33626**

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 *William A Waterman III Pres William A Waterman III* 1/21/05

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	WATERMAN, WILLIAM A 2893 ALLAPATTAH DRIVE CLEARWATER, FL 34621 <input type="checkbox"/> Delete	TITLE PD	WILLIAM A. WATERMAN III 11345 COUNTRYWAY BLVD. TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	WATERMAN, JUDITH A. 2893 ALLAPATTAH DRIVE CLEARWATER, FL 34621 <input type="checkbox"/> Delete	TITLE VD	JUDITH A. WATERMAN 11345 COUNTRYWAY BLVD. TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employed.

SIGNATURE *William A Waterman III Pres William A Waterman III* 1/21/05 (813) 818-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #