

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90047 024 ***150.00

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1. Entity Name
WILLIAMS, LEININGER & COSBY, P.A.



Principal Place of Business
**1555 PALM BEACH LAKES BLVD
SUITE 301 WACHOVIA TOWER
WEST PALM BEACH, FL 33401**

Mailing Address
**1555 PALM BEACH LAKES BLVD
SUITE 301 WACHOVIA TOWER
WEST PALM BEACH, FL 33401**

40008477



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0559319

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEININGER, ESQ C S
1555 PALM BCH LAKES BLVD
STE 301
WEST PALM BEACH, FL 33401**

**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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JAMES O WILLIAMS, JR
STREET ADDRESS	1555 PALM BEACH LAKES BLVD STE 301
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	LEININGER, CARRI S
STREET ADDRESS	1555 PALM BEACH LAKES BLVD STE 301
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SECRETARY
NAME	JEFFREY C. COSBY
STREET ADDRESS	1555 PALM BEACH LAKES BLVD STE 301
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

1-25-05

561-615-5666