

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90214 017 \*\*\*150.00

**DOCUMENT # P96000090607**

1. Entity Name  
WILLOW POND HOLDINGS, INC.



Principal Place of Business  
101 EAST KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602

Mailing Address  
101 EAST KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602

94070797



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3410210

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GORDON, BRAD  
101 EAST KENNEDY BLVD  
SUITE 3925  
TAMPA, FL 33602

**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, 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 V  
NAME GAWTHROP, PATRICIA  
STREET ADDRESS 101 EAST KENNEDY BLVD, SUITE 3300  
CITY-ST-ZIP TAMPA, FL 22602

TITLE S  
NAME GAWTHROP, PATRICIA  
STREET ADDRESS 101 EAST KENNEDY BLVD, SUITE 3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE P  
NAME GAWTHROP, GENE  
STREET ADDRESS 101 EAST KENNEDY BLVD, SUITE 3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE VT  
NAME JUNG, MING G  
STREET ADDRESS 101 E KENNEDY BLVD STE 3300  
CITY-ST-ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Ming G. Jung

4/26/2004

Date

(813) 226-8844

Daytime Phone #