2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90007 036 ***150.00

DOCUMENT # P97000005817

1. Entity Name
PRINCE WILLIAM CONSULTANT CORPORATION

Principal Place of Business	Mailing Address
26041 MANDEVILLA DRIVE BONITA SPRINGS, FL 34134	26041 MANDEVILLA DRIVE BONITA SPRINGS, FL 34134

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
15126 FRESCOTT WAY ~~NAPLES~~ ~~34110~~		15126 FRESCOTT WAY ~~NAPLES~~, 34110	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES FLORIDA		City & State: NAPLES, FLORIDA	
Zip: 34110	Country: USA	Zip: 34110	Country: USA

4. FEI Number: 59-3420818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAMP, WILLIAM A III
26041 MANDEVILLA DRIVE
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name: HAMP, WILLIAM A. III
Street Address (P.O. Box Number is Not Acceptable): 15126 FRESCOTT WAY
City: NAPLES FL Zip Code: 34110

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] III WILLIAM A. HAMP III PRESIDENT — DATE: 1-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HAMP, WILLIAM A III 26041 MANDEVILLA DR BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 15126 FRESCOTT WAY NAPLES, FLORIDA 34110	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowered.

SIGNATURE: [signature] III WILLIAM A. HAMP III — Date: 1-7-04 — Daytime Phone #: 239 598-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR