2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # P9700050008 1. Entity Name G. EVERETT BURGHARDT WILLIAMS, I., P.A.						Secret	tary of	Sta	te
Principal Place of Business 3721 HENDRICKS AVE		Mailing Address P.O. BOX 10293]					
	LE, FL 32207	JACKSONVILLE, FL	32247-0293	3					
2. Principal Place of Business		3. Mailing Address							
Suite Apt #, etc		Suite, Apt #, etc.		_				-	
City & State		City & State		04132005 4. FEI Number	Chg-P	CR2E034 (` .	plied For	
Z _I ρ Country		Zip Country		59-3452		-/ \$8	.75 Add	t Applicable	
		Name and Address of Current Registered Agent			<u> </u>	of Status Desired	Fee	Require	
	6. Name and Address of Cur	rent Hegistered Agent		Name	7. Name and	Address of New R	egistered Ager	nii.	
WILLIAMS, G EVERETT I 3721 HENDRICKS AVE JACKSONVILLE, FL 32207				Street Address (P O. Box Number is Not Acceptable)					
			-	City			FL	Zip Cod	9 .
	named entity submits this stateme tions of registered agent	ent for the purpose of changing	its registered	d office or registe	red agent, or both	, in the State of Flo	rida. I am fami	iliar with,	and accept
SIGNATURE	a gnarure, typud or proflod name of registered	agent and fille if applicable (1	NOTE Registered	Agent signature require	d when romelating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Cam	paign Financ	ping \$5	.00 May Be				
	ay 1, 2005 Fee will be \$5			☐ Ádd	led to Fees				
	ay 1, 2005 Fee will be \$5			☐ Add	led to Fees	CHANGES TO OFF	ICERS AND DIF	RECTOR	
After Ma	ay 1, 2005 Fee will be \$5 OFFICERS	50.00 Trust Fund C	11.	Add	led to Fees	CHANGES TO OFF		RECTOR:	S IN 11
10. TITLE NAME	OFFICERS OFFICERS OFFICERS OFFICERS OF WILLIAMS, G EVERETT 1	AND DIRECTORS	11. TITLE	LJ Add	led to Fees	CHANGES TO OFF			
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), horizod statutes Truther certify that the information indicated on this report or suppliemental 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 AND LYGED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY OF A DAY OF PLANE OF PLANE OF SIGNING OFFICER OR DIRECTOR