


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90265 024 ***150.00

DOCUMENT # P97000108809	
1. Entity Name LAW OFFICE OF KAROL K. WILLIAMS, P.A.	

Principal Place of Business 3825 HENDERSON BLVD SUITE 301 TAMPA FL 33629 US	Mailing Address 3825 HENDERSON BLVD SUITE 301 TAMPA FL 33629 US
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2. Principal Place of Business 1304 S. Desoto Ave Suite, Apt. #, etc. Ste. 403 City & State Tampa, FL Zip 33606 Country US	3. Mailing Address 1304 S. Desoto Ave Suite, Apt. #, etc. Ste. 403 City & State Tampa, FL Zip 33606 Country US
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MOORE CR2E034 (11/03)

4. FEI Number 59-3484866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, KAROL K 3825 HENDERSON BLVD SUITE 301 TAMPA FL 33629	
7. Name and Address of New Registered Agent Name Karol K. Williams Street Address (P.O. Box Number is Not Acceptable) 1304 S. Desoto Ave, Ste. 403 City Tampa FL Zip Code 33629	

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 *Karol Williams* DATE _____
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
Make Check Payable to Florida Department of State

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	PO WILLIAMS, KAROL K 3825 HENDERSON BLVD SUITE 301 TAMPA FL 33629 1304 S. Desoto Ave, Ste. 403 Tampa FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowered.

SIGNATURE: *Karol Williams* 4/2/04 813-254-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #