

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 020 ***150.00

DOCUMENT # P98000015462 1. Entity Name SUZANNE M. WILLIAMS P.A.					
Principal Place of Business 14173 HETRICK CIRCLE N. LARGO, FL 33774 US			Mailing Address 14173 HETRICK CIRCLE N. LARGO, FL 33774 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0811713	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, SUZANNE M 14173 HERICK CIRCLE N. LARGO, FL 33774 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when terminating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D WILLIAMS, SUZANNE M 14173 HERICK CIRCLE N. LARGO, FL 33774		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
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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 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Suzanne M. Williams</i> <i>March 10, 2005</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year					

(127) 596 2291