2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-15-2005 90094 024 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05092005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000032583

1. Entity Name
WILLIAMS PARK PROPERTY INCORPORATED

Principal Place of Business	Mailing Address
6600 4TH STREET N 101 SAINT PETERSBURG, FL 33702 US	6600 4TH STREET N 101 SAINT PETERSBURG, FL 33702 US

2. Principal Place of Business		3. Mailing Address	
2927 CENTRAL AVE		2910 DARTMOUTH AVE N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST PETERSBURG FL		City & State: ST PETERSBURG FL	
Zip: 33713	Country: U.S.A.	Zip: 33713	Country: U.S.A.

4. FEI Number: 59-3571832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBER, JAMES
6600 4TH STREET NORTH SUITE 101
SAINT PETERSBURG, FL 33702

7. Name and Address of New Registered Agent

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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	SPD HILLMAN, WILLIAM 6600 4TH STREET NORTH SUITE 101 SAINT PETERSBURG, FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: WILLIAM HILLMAN 06/09/05 (727)321-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #