

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H07252

**Entity Name:** WILLIAM R. NORTHCUTT, P.A.

**Current Principal Place of Business:**

C/O WILLIAM R. NORTHCUTT  
2194 HWY A1A, STE 306  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

C/O WILLIAM R. NORTHCUTT  
2194 HWY A1A, STE 306  
INDIAN HARBOUR BEACH, FL 32937

**FEI Number:** 59-2415854

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORTHCUTT, WILLIAM R.  
2194 HWY A1A, STE 306  
INDIAN HARBOUR BEACH, FL 32937 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DPT  
Name            NORTHCUTT, WILLIAM R.  
Address        2194 HWY A1A, STE. 306  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            S  
Name            NORTHCUTT, SIEGRID D  
Address        2194 HWY. A1A STE. 306  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM R. NORTHCUTT

**DPT**

**03/12/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date