


FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 492563 1. Entity Name BILL WILLIAMS AIR-CONDITIONING & HEATING, INC	
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Principal Place of Business 3562 LENOX AVE BOX 6779 JACKSONVILLE, FL 32236	Mailing Address 3562 LENOX AVE BOX 6779 JACKSONVILLE, FL 32236
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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1836859	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, WILLIAM 1196 COPPERGATE PL MACCLENNY, FL 32063	DO NOT WRITE IN THIS SPACE
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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 this is applicable (NOTE: Registered Agent signature returned when returning) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, WILLIAM H 1196 COOPERATE PLACE MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO BENNETT, TALMADGE L. 836 CHELSEY DR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILLIAMS, DELORES T 1196 COPPERGATE PLACE MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TERRY, GAIL R 6702 BEATRIX DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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05/16/06-80038-011 150 00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 18 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Williams* 4/26/06 904 387 0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Number 1