


ANNUAL REPORT (AR)

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036211

1. Entity Name
MIKE WILLIAMSON, LLC



Principal Place of Business — Mailing Address

5019 NE MASTERS AVE
 ARCADIA FL 34266
 US

5019 NE MASTERS AVE
 ARCADIA FL 34266
 US



2. Principal Place of Business **Same**

3. Mailing Address **Same**

Suite, Apt. #, etc.
Same

Suite, Apt. #, etc.
Same

City & State
Same

City & State
Same

4. FEI Number **20-1115404** Applied For Not Applicable

Zip **34266**

Country **Desoto**

Zip **34266**

Country **Desoto**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AMES, CPA, CFP, ANDREW T
128 WEST OAK STREET
ARCADIA FL 34266

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, MIKE 5019 NE MASTERS AVE ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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U00000566145
 05/25/06-80008-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mike Williamson 5-22-06 (863) 990-1471