

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90031 001 ***150.00

DOCUMENT # P02000040248

1. Entity Name

SAMUEL WILLIAMS COMPANY, INC.



Principal Place of Business

902 JULIA HEIGHTS DR
 LANTANA FL 33462

Mailing Address

902 JULIA HEIGHTS DR
 LANTANA FL 33462

2. Principal Place of Business

6436 Grand Cypress Circle
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Worth Florida

City & State

Lake Worth Florida

4. FEI Number

90-0021435

Applied For

Not Applicable

Zip

33463

Country

Palm Beach

Zip

33463

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

VALENTINE, WALTER C JR.
 902 JULIA HEIGHTS DR
 LANTANA FL 33462

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

Walter C. Valentine Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/29/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VALENTINE, SYLVIE	
STREET ADDRESS	902 JULIA HEIGHTS DR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	VALENTINE, WALTER C JR.	
STREET ADDRESS	902 JULIA HEIGHTS DR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valentina Sylvia	
STREET ADDRESS	6436 Grand Cypress Circle	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER C. VALENTINE, JR.	
STREET ADDRESS	6436 Grand Cypress Circle	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Walter C. Valentine Jr.* WALTER C. VALENTINE JR. 03/29/04 561.964-8847
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #