


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90014 041 ***550.00

DOCUMENT # P02000049463

1. Entity Name
AK WILLIAMS TRUCKING, INC.



Principal Place of Business Mailing Address
 2592 SUNFISH ST 2592 SUNFISH ST
 ORLANDO, FL 32839 ORLANDO, FL 32839

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08312004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

WILLIAMS, ANTHONY K
 2592 SUNFISH ST
 ORLANDO, FL 32839

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: *Anthony K. Williams* DATE: **9-7-04**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agents signature required when necessary)

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

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	WILLIAMS, ANTHONY K	
STREET ADDRESS	2592 SUNFISH ST	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, CYNTHIA	
STREET ADDRESS	2592 SUNFISH ST	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PATRICK	
STREET ADDRESS	2592 SUNFISH ST	
CITY-ST-ZIP	ORLANDO, FL 32839	
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		<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		
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: *Anthony K. Williams* DATE: **9-7-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #