

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133050

FILED
Apr 30, 2004
Secretary of State

Entity Name: WILLIAMS FARM AND HOME SUPPLY, INC.

Current Principal Place of Business:

928 W. WHITE AVENUE
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

928 W. WHITE AVENUE
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 54-2088859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, FRANK A
928 W. WHITE AVENUE
GRACEVILLE, FL 32440

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: WILLIAMS, THOMAS W
Address: 5287 BROWN STREET
City-St-Zip: GRACEVILLE, FL 32440

Title: DPST () Delete
Name: WILLIAMS, JOAN H
Address: 5287 BROWN STREET
City-St-Zip: GRACEVILLE, FL 32440

Title: VPD () Delete
Name: BAKER, FRANK A
Address: 4431 LAFAYETTE ST.
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: BAKER, LYNN W
Address: 4431 LAFAYETTE ST.
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOAN WILLIAMS

DPST

04/30/2004

Electronic Signature of Signing Officer or Director

Date