Apr 28
Sec

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133050

1. Entity Name
WILLIAMS FARM AND HOME SUPPLY, INC.

Principal Place of Business	Mailing Address
928 W. WHITE AVENUE GRACEVILLE, FL 32440	928 W. WHITE AVENUE GRACEVILLE, FL 32440

DO NOT WRITE IN THIS SPACE

03252005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2088859

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	WILLIAMS, THOMAS W
STREET ADDRESS	5287 BROWN STREET
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DPST
NAME	WILLIAMS, JOAN H
STREET ADDRESS	5287 BROWN STREET
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	VPD
NAME	BAKER, FRANK A
STREET ADDRESS	4431 LAFAYETTE ST.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	BAKER, LYNN W
STREET ADDRESS	4431 LAFAYETTE ST.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Frank A. Baker 4/27/05 850-526-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #