

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038098

FILED
Apr 15, 2009
Secretary of State

Entity Name: WILLIAMS RANCH OF IMMOKALEE, INC.

Current Principal Place of Business:

1300 N 15TH ST
IMMOKALEE, FL

New Principal Place of Business:

1300 N 15TH ST
SUITE#1
IMMOKALEE, FL 34142

Current Mailing Address:

1300 N 15TH ST
IMMOKALEE, FL

New Mailing Address:

1300 N 15TH ST
SUITE #1
IMMOKALEE, FL 34142

FEI Number: 65-0499188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CARRIE E
1300 N 15TH ST
IMMOKALEE, FL US

Name and Address of New Registered Agent:

WILLIAMS, CARRIE E
1300 N 15TH ST
SUITE#1
IMMOKALEE, FL 34142 US

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: _____

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: WILLIAMS, JAMES E JR
Address: 1300 N 15TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: DP () Delete
Name: WILLIAMS, DIANE
Address: 1300 N 15TH ST
City-St-Zip: IMMOKALEE, FL 33934

Title: ST () Delete
Name: WILLIAMS, CARRIE
Address: 1300 N. 15TH ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: V () Delete
Name: WILLIAMS, JOHN D
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: WILLIAMS, DIANE
Address: 1300 N 15TH ST SUITE#1
City-St-Zip: IMMOKALEE, FL 34142

Title: ST (X) Change () Addition
Name: WILLIAMS, CARRIE
Address: 1300 N. 15TH ST. SUITE#1
City-St-Zip: IMMOKALEE, FL 34142

Title: V (X) Change () Addition
Name: WILLIAMS, JOHN D
Address: 1300 NORTH 15TH ST. SUITE#1
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARRIE WILLIAMS

S/T

04/15/2009

Electronic Signature of Signing Officer or Director

Date