

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038098

FILED  
Feb 09, 2010  
Secretary of State

Entity Name: WILLIAMS RANCH OF IMMOKALEE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
SUITE#1  
IMMOKALEE, FL 34142 US

**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: DP  
Name: WILLIAMS, DIANE  
Address: 1300 N 15TH ST SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

Title: STD  
Name: WILLIAMS, CARRIE  
Address: 1300 N. 15TH ST. SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

Title: VD  
Name: WILLIAMS, JOHN D  
Address: 1300 NORTH 15TH ST. SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: JAMES, WILLIAMS E  
Address: 1300 NORTH 15TH STREET SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: BLUST, SUSAN M  
Address: 1300 NORTH 15TH STREET SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

I hereby 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 all other like empowered.

SIGNATURE: CARRIE WILLIAMS

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02/09/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date