


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # S71210 1. Entity Name WILLIAM J. ENTERPRISES INC.	
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Principal Place of Business 3037 E. OLIVE ROAD PENSACOLA, FL 32514 US	Mailing Address 3037 E. OLIVE ROAD PENSACOLA, FL 32514 US
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3091508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, VICTORIA W 3037 E. OLIVE RD PENSACOLA, FL 32514	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000273087 03/23/05-80014-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, VICTORIA W 3370 BROOKSHIRE DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM J III 3370 BROOKSHIRE DRIVE PENSACOLA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **William J. Johnson** 3-21-05 850484 8359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #