

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000038098

**Entity Name:** WILLIAMS RANCH OF IMMOKALEE, INC.

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC3886814594**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0499188**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title D  
Name BLUST, SUSAN M  
Address 1300 NORTH 15TH STREET SUITE#1  
City-State-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**

**SECRETARY**

**03/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date