

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

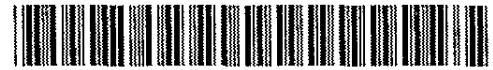
DOCUMENT # 243215

1. Entity Name
WILLIAMSON ELECTRICAL CO., INC.



Principal Place of Business
**4063 AVAON BLVD.
P.O. BOX 728
MILTON, FL 32572 US**

Mailing Address
**4063 AVALON BLVD.
P. O. BOX 728
MILTON, FL 32572 US**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0930848	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

**WILLIAMSON, C. JAMES
4063 AVALON BLVD.
MILTON, FL 32583**

**DO NOT WRITE
IN THIS SPACE**

5. 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMSON, C. JAMES
STREET ADDRESS	4351 BERRYHILL RD
CITY-ST-ZIP	MILTON, FL

TITLE	VP
NAME	WILLIAMSON, TILDON J.
STREET ADDRESS	5656 TARPON CT
CITY-ST-ZIP	MILTON, FL 32583

TITLE	ST
NAME	LAURA P. WILLIAMSON
STREET ADDRESS	4351 BERRYHILL ROAD
CITY-ST-ZIP	MILTON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80071-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. James Williamson
C. James Williamson

1-22-07

Date

850-623-0282

Daytime Phone #