

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 274485

FILED
Jan 03, 2005
Secretary of State

Entity Name: WILLIAMS AND ROWE CO.

Current Principal Place of Business:

5215 HIGHWAY AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

5215 HIGHWAY AVE
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-1026607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, KAREN D SEC.
5215 HIGHWAY AVENUE
JACKSONVILLE, FL 32254 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: VP () Delete
Name: WILLIAMS, JR., JOHN R V-PRES
Address: 4401 SR 21
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: T () Delete
Name: WILLIAMS, JANET E TREA.
Address: 8947 SNELLGROVE AVE E
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: P () Delete
Name: WILLIAMS, JOHN R PRES.
Address: 8947 SNELLGROVE AVE E
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: S (X) Delete
Name: KELLY, KAREN D SEC.
Address: 8939 SNELLGROVE AVE E
City-St-Zip: JACKSONVILLE, FL 32220 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, JR., JOHN R PRES.
Address: 4401 SR 21
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: T (X) Change () Addition
Name: BESENT, SHARON W TREA.
Address: 2344 JONES RD
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: S (X) Change () Addition
Name: KELLY, KAREN D SEC.
Address: 8939 SNELLGROVE AVE E
City-St-Zip: JACKSONVILLE, FL 32220 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBBY KELLY

HR

01/03/2005

Electronic Signature of Signing Officer or Director

Date