

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291420

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: W.A. WILLIAMS CITRUS NURSERY & SERVICE, INC.

## Current Principal Place of Business:

10 LAKE BYRD BLVD.  
PO BOX 1441  
AVON PARK, FL 33825

## New Principal Place of Business:

## Current Mailing Address:

10 LAKE BYRD BLVD.  
PO BOX 1441  
AVON PARK, FL 33826

## New Mailing Address:

FEI Number: 59-1101680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, WENDELL  
10 LAKE BYRD BLVD  
AVON PK, FL 33825 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: S ( ) Delete  
Name: GUERNDT, AMY E.  
Address: 803 TODD AVENUE  
City-St-Zip: AVON PARK, FL

Title: P ( ) Delete  
Name: WILLIAMS, WENDELL,  
Address: 10 LAKE BYRD BLVD  
City-St-Zip: AVON PARK, FL

Title: T ( ) Delete  
Name: WESTER, CINDY,  
Address: 102 E. MONROE ST.  
City-St-Zip: AVON PARK, FL

Title: D ( ) Delete  
Name: WILLIAMS, LILITH,  
Address: 102 E. MONROE STREET  
City-St-Zip: AVON PARK, FL

Title: V ( ) Delete  
Name: WILLIAMS, JEFFREY W.,  
Address: 63 NORTH HIGHLANDS AVE.  
City-St-Zip: AVON PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AMY E. GUERNDT

S

04/14/2005

Electronic Signature of Signing Officer or Director

Date