

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90307 015 \*\*\*150.00

<b>DOCUMENT # 317682</b> 1. Entity Name <b>WILLIAMSON-STUMPWOOD COMPANY</b>			
Principal Place of Business <b>285 JUDAH ST. BONIFAY, FL 32425 US</b>		Mailing Address <b>P.O. BOX 535 BONIFAY, FL 32425 US</b>	
2. Principal Place of Business <b>3257 HWY 90</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 810</b> Suite, Apt. #, etc.	
City & State <b>BONIFAY, FL</b> Zip <b>32425</b> Country		City & State <b>BONIFAY, FL</b> Zip <b>32425</b> Country	
4. FEI Number <b>59-1169192</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARD, RODNEY CLIFFORD ST BONIFAY, FL 32425</b>		7. Name and Address of New Registered Agent Name <b>MARTIN E. COATES</b> Street Address (P.O. Box Number is Not Acceptable) <b>3257 HWY 90</b> City <b>BONIFAY</b> <b>FL</b> Zip Code <b>32425</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>WILLIAMSON, HILTON 377 COY ELLIS RD DEFUNIAK SPGS., FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MARTIN E. COATES 3257 HWY 90 BONIFAY, FL 32425</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>WARD, RODNEY 1870 CLIFFORD ST BONIFAY, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Martin E. Coates</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/26/05</u> <small>Date Daytime Phone #</small>	