

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 330289

FILED
Mar 16, 2006
Secretary of State

Entity Name: WILLIAMS ELECTRIC CO INC

Current Principal Place of Business:

695 DENTON BLVD.
P.O. BOX 133
FORT WALTON BEACH, FL 325472150

New Principal Place of Business:

Current Mailing Address:

695 DENTON BLVD.
P.O. BOX 133
FORT WALTON BEACH, FL 325472150

New Mailing Address:

FEI Number: 59-1213567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, HARVEY L
695 DENTON BLVD
FT WALTON BEACH, FL 32547 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: PD () Delete
Name: WILLIAMS, HARVEY L,
Address: 695 DENTON BLVD.
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: SD () Delete
Name: WILLIAMS, ROBERT H,
Address: 695 DENTON BLVD
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: D () Delete
Name: WILLIAMS, JAMES R
Address: 4897 ERIN LANE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WILLIAMS, JAMES R
Address: 149 RED BAY CT
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT H WILLIAMS

SD

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date