

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 369371

1. Entity Name
G.J. WILLIAMS, INC.



Principal Place of Business
**6902 HAYTER DR
LAKELAND, FL 33813 US**

Mailing Address
**6902 HAYTER DR
LAKELAND, FL 33813 US**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1302338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIVENGOOD, BARBARA D
6902 HAYTER DR
#1
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004 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	REAL, CATHERINE W
STREET ADDRESS	2110 W PLATT ST
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	SD
NAME	LIVENGOOD, BARBARA D
STREET ADDRESS	6902 HAYTER DRIVE
CITY - ST - ZIP	LAKELAND, FL
TITLE	ST
NAME	LIVENGOOD, BARBARA D
STREET ADDRESS	602 HAYTER DRIVE
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	VPD
NAME	REAL, CATHERINE W
STREET ADDRESS	2110 W PLATT ST
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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LS 000004-00042-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara D Livengood **Barbara Livengood** 4-26-04 863-646-9423