

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392547

Entity Name: E.B. WILLIAMS, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

ELLYSON INDUSTRIAL PARK
9389 HAMMAN STREET
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

ELLYSON INDUSTRIAL PARK
9389 HAMMAN STREET
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-1372646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

E. B. WILLIAMS, JR
9701 SANDPIPER DRIVE
PENSACOLA, FL 32514 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: P () Delete
Name: WILLIAMS, E.B., JR.,
Address: 9701 SANDPIPER DR.
City-St-Zip: PENSACOLA, FL 32514 US

Title: VST () Delete
Name: WILLIAMS, MARY F.,
Address: 9701 SANDPIPER DR.
City-St-Zip: PENSACOLA, FL 32514P

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: E. B. WILLIAMS

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date