

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 438287	
1. Entity Name WILLIAMS OF BROOKSVILLE, INC.	



Principal Place of Business 7388 BROAD STREET BROOKSVILLE, FL 34601 US	Mailing Address 7388 BROAD STREET BROOKSVILLE, FL 34601 US
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FILED
06 APR 27 AM 11:50

STATE
FLORIDA



01062006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-1485515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSTON, DARRYL W
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE, FL 34601

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JUNE B. 3180 CULBREATH RD. BROOKSVILLE, FL
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100074152831
05/08/06--01019--014 **75.00

100074152831
05/08/06--01019--013 **75.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: June B Williams June B Williams 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #