## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2008 08:00 A Secretary of State

ANNUAL REPORT						~ 10, _	
DOCUMENT # 453925  1. Entity Name				Secretary of			
W.R. WIL	LIAMS DISTRIBUTOR, INC.						
Principal Plac	e of Business	Mailing Address		1			
		1404 EAST MAIN STREET					
1404 EAST MAIN STREET 1404 EAST MAIN STREET MAYO, FL 32066 US MAYO, FL 32066 US							
					H I HAZUM ENKU INDA DILUMIND	i Bibit bibit bibit bibit	
			02282008	No Chg-P	CR2E034 (11	1/05)	
r	O NOT WRITE	CE					
L	O NOI WRITE	CE.	4. FEI Number Applied For 59-1578686 Not Applicable				
				59-157	78686	<u> </u>	Not Applicable
	•			5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent		l			·
		]				,	
	, REYNOLDS R		DO NOT WRITE				
1404 EAST MAIN STREET MAYO, FL 32066							
WATO, FL 32000				IN T	THIS SP	ACE	
8. The above	named entity submits this statement for the	ne purpose of changing its registere	I ed office or register	ed agent, or bo	oth, in the State of Flo	rida I am familia	r with, and accept
the obligat	ions of registered agent.						_
SIGNATURE		R. R. Williams ,	'President,	W.R. Will	liams Dist., ]	Inc.03/07/0	3
Old Willows	Signature, typed of Styled name of agent and	title if applicable (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	090909 - 03/26/08	853821 00004 nsa	1E0 88
10.	OFFICERS AND DI	RECTORS			00120100	<u> </u>	190*00
TITLE	PD						
NAME	WILLIAMS, REYNOLDS R		*				4 4
STREET ADDRESS	1404 EAST MAIN STREET				· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	MAYO, FL 32066		1				
TITLE			1	-	• . •		1
NAME STREET ADDRESS			•				
CITY-ST-ZIP							, v
TITLE			1		*		
NAME						•	
STREET ADDRESS				DO	NOT W	DITE	
CITY-\$1-ZIP			` ·	DO	MOI AA	KIIL	•
TITLE				IN '	THIS SP	ACF	
NAME OXECT ADDRESS			l	•••			,
STREET ADDRESS CITY-ST-ZIP					•		
			ł				
TITLE NAME						,	
STREET ADDRESS						•	
CITY-ST-ZIP			1				
TITLE			1				E 2

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:

NAME STREET ADDRESS

CITY-ST-ZIP

R. R. Williams, President, W.R. Williams Dist,, Inc. 03/07/08

Object of Dayter Proces of Dayter Dayter Proces of Dayter Day

1 4