2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #479345

WILLIAMS & WILLIAMS, INC.

Principal Place of Business

LAKELAND, FL 33801

1145 E MAIN ST



Mailing Address

1145 E MAIN ST LAKELAND, FL 33801

FILED Jan 14, 2008 08:00 A Secretary of State

Applied For Not Applicable

\$8.75 Additional

Fee Required



DO NOT WRITE IN THIS SPACE	01092008	No Chg-P	CR2E034 (11
	4. FEI Number 59-1603		

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable

WILLIAMS, THOMAS 1515 CLARENDON AVE LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

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
:4	the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	P WILLIAMS, THOMAS 1515 CLARENDON AVE LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		

000000781758 01/15/08-80048-001 300.00

DO NOT WRITE IN THIS SPACE

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 s, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08

Date

Daytime Phone #