


# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 479414</b> 1. Entity Name WILLIAMSON'S FOOD STORES, INC.	
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Principal Place of Business 840 NORTH STATE RD. 21 MELROSE, FL 32666 US	Mailing Address 840 NORTH STATE RD. 21 MELROSE, FL 32666 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1633226	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  WILLIAMSON, ROMIE 840 NORTH STATE RD 21 MELROSE, FL 32666
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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 WILLIAMSON, ROMIE 840 NORTH STATE RD 21 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMSON, TWILA MAE 840 NORTH STATE RD 21 MELROSE, FL 00000, 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, BRIAN 840 NORTH STATE RD 21 MELROSE, FL 00000, 32666
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Ronnie Williamson 1/26/05 352-475-1144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #