## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 28, 2006 08:00 AM Secretary of State **DOCUMENT # 493015** 1. Entity Name JERRY D. WILLIAMSON, JR. & ASSOCIATES, INC. Principal Place of Business Mailing Address 313 WILLIAMS STREET 313 WILLIAMS STREET UNIT 6 AHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1637095 Not Applicable Ζip Country Country Zφ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMSON, JERRY D., JR. Street Address (P.O. Box Number is Not Acceptable) 313 WILLIAMS #6 TALLAHASSEE FL 32303 Zio Code FI 3. 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 eccept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent eignature required when rounstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. KILE PO ☐ Delete HILE ☐ Change Addition 000000452179 NAME WILLIAMSON, JERRY D NAME 03/11/06-80016-013 150.00 STREET ADDRESS 313 WILLIAMS STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL SHILE Defete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIFLE ☐ Charge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP BILLE ☐ Cefete Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-71P CITY - ST- ZIP Delete 71748 ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C374 - S1 - 232

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 outh, 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.

Terry 0 K. Illiamson 34

02/27/06

**FILED** 

850-224-4139