


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90024 001 ***150.00

DOCUMENT # 505153					
1. Entity Name WILLIAMS-GRAY COMPANY, INC.					
Principal Place of Business 4300 BAYOU BLVD C/O J. D. MESSICK STE 21 PENSACOLA FL 32503 US			Mailing Address PO BOX 10733 PENSACOLA FL 32524-733 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-2822057	
				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 MESSICK, CPA J 4300 BAYOU BLVD STE 21 PENSACOLA FL 32503				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	S <input type="checkbox"/> Delete				
NAME	JOHNSON, WALLACE R.				
STREET ADDRESS	15004 CHICOPEE TRAIL				
CITY-ST-ZIP	LITTLE ROCK AR 72210				
TITLE	T <input type="checkbox"/> Delete				
NAME	WOODWORTH, MICHAEL D.				
STREET ADDRESS	12894 LACOSTA COURT				
CITY-ST-ZIP	JACKSONVILLE FL 32225				
TITLE	VP <input checked="" type="checkbox"/> Delete				
NAME	RAGUS, JAMES S.				
STREET ADDRESS	1031 N LAKE ST				
CITY-ST-ZIP	NEENAH WI				
TITLE	P <input type="checkbox"/> Delete				
NAME	WATSON JR., JOHN C.				
STREET ADDRESS	5 DEERWOOD CIRCLE				
CITY-ST-ZIP	LUFKIN TX 75901				
TITLE	VP <input type="checkbox"/> Delete				
NAME	SWIFT, ROBERT B				
STREET ADDRESS	433 MAGNOLIA LANE				
CITY-ST-ZIP	MANDEVILLE LA 70471-1646				
TITLE	VP <input type="checkbox"/> Delete				
NAME	FLANNERY, SAMUEL J				
STREET ADDRESS	11263 LEBANON RD				
CITY-ST-ZIP	LOVELAND OH 45140				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	VP DAVID J. AKIN				
STREET ADDRESS	1155 RED WING TRAIL				
CITY-ST-ZIP	DE PERE, WI 54115				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael D Woodworth - VP 4/4/05 904-564-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #