

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

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



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2822057	Applied For <input type="checkbox"/> 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	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	S JOHNSON, WALLACE R. 15004 CHICOPEE TRAIL LITTLE ROCK, AR 72210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOODWORTH, MICHAEL D. 12894 LACOSTA COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AKIN, DAVID J 1155 RED WING TRAIL DE PERE, WI 54115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WATSON JR., JOHN C. 5 DEERWOOD CIRCLE LUFKIN, TX 75901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWIFT, ROBERT B 433 MAGNOLIA LANE MANDEVILLE, LA 704711646
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLANNERY, SAMUEL J 11263 LEBANON RD LOVELAND, OH 45140

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05/22/07-80079-025 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE MICHAEL D. WOODWORTH 4/30/2007 904-860-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #