


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90170 022 ***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 - No P.O. Box # 6231 N 'W' ST		3. Mailing Address Suite, Apt. #, etc. STE 3			
City & State PENSACOLA, FL		City & State Suite, Apt. #, etc. STE 3		4. FEI Number 36-2822057	
Zip 32505		Country US		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) 6231 N 'W' ST STE 3 City PENSACOLA FL Zip Code 32505		
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, WALLACE R. 15004 CHICOPEE TRAIL LITTLE ROCK, AR 72210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODWORTH, MICHAEL D. 12894 LACOSTA COURT JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AKIN, DAVID J 1155 RED WING TRAIL DE PERE, WI 54115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON JR., JOHN C. 5 DEERWOOD CIRCLE LUFKIN, TX 75901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIFT, ROBERT B 433 MAGNOLIA LANE MANDEVILLE, LA 704711646	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLANNERY, SAMUEL J 11263 LEBANON RD LOVELAND, OH 45140	<input type="checkbox"/> Delete			
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: <u>Michael D Woodworth</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/30/08</u>		Daytime Phone #: <u>850-477-5458</u>