

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505153

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: WILLIAMS-GRAY COMPANY, INC.

## Current Principal Place of Business:

6231 N W STREET  
STE. 3  
PENSACOLA, FL 32505 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 10733  
PENSACOLA, FL 32524733 US

## New Mailing Address:

FEI Number: 36-2822057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MESSICK, CPA J  
6231 N W ST  
PENSACOLA, FL 32505 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: JOHNSON, WALLACE R.  
Address: 15004 CHICOPEE TRAIL  
City-St-Zip: LITTLE ROCK, AR 72210

Title: T ( ) Delete  
Name: WOODWORTH, MICHAEL D.  
Address: 12894 LACOSTA COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: AKIN, DAVID J  
Address: 1155 RED WING TRAIL  
City-St-Zip: DE PERE, WI 54115

Title: P ( ) Delete  
Name: WATSON JR., JOHN C.  
Address: 5 DEERWOOD CIRCLE  
City-St-Zip: LUFKIN, TX 75901

Title: VP ( ) Delete  
Name: SWIFT, ROBERT B  
Address: 433 MAGNOLIA LANE  
City-St-Zip: MANDEVILLE, LA 704711646

Title: VP ( ) Delete  
Name: FLANNERY, SAMUEL J  
Address: 11263 LEBANON RD  
City-St-Zip: LOVELAND, OH 45140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WOODWORTH

TREA

07/06/2009

Electronic Signature of Signing Officer or Director

Date