

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 510620

FILED
Feb 21, 2007
Secretary of State

Entity Name: R M WILLIAMS CONTRACTORS, INC.

Current Principal Place of Business:

504 SOUTH MOODY AVENUE
P.O. BOX 18284
TAMPA, FL 33679

New Principal Place of Business:

504 SOUTH MOODY AVENUE
TAMPA, FL 33609

Current Mailing Address:

504 SOUTH MOODY AVENUE
P.O. BOX 18284
TAMPA, FL 33679

New Mailing Address:

504 SOUTH MOODY AVENUE
TAMPA, FL 33609

FEI Number: 59-1687571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN VORIS, JOHN
201 N FRANKLIN STREET
STE 2200
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, R M,
Address: 529 RIVIERA DRIVE
City-St-Zip: TAMPA, FL 00000,

Title: ST () Delete
Name: GRAY, PHILIP W,
Address: 11501 LOUVRE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PHILIP W. GRAY

ST

02/21/2007

Electronic Signature of Signing Officer or Director

Date