

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # 590368**

1. Entity Name  
**A.S. WILLIAMS INC.**



Principal Place of Business  
**356 GRAND CENTRAL AVE  
SAFETY HARBOR, FL 34695**

Mailing Address  
**356 GRAND CENTRAL AVE  
SAFETY HARBOR, FL 34695**



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1858025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, A.S.  
356 GRAND CENTRAL AVE  
SAFETY HARBOR, FL 34695**

**DO NOT WRITE  
IN THIS SPACE**

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 **A. S. Williams, Director**

**1/29/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>WILLIAMS, A.S.</b>
STREET ADDRESS	<b>356 GRAND CENTRAL AVE</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL,</b>
TITLE	<b>PD</b>
NAME	<b>WILLIAMS, MARY LYNDA</b>
STREET ADDRESS	<b>356 GRAND CENTRAL AVE</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL,</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000614983  
02/06/07-80052-019 150.00

**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: **Alan S. Williams A.S. Williams D**

Date

Daytime Phone #

**727-726-2303**