

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 616737

1. Entity Name

C.E. WILLIAMS CONSTRUCTION COMPANY, INC.



FILED

2005 NOV -3 AM 8:03

SECRETARY OF STATE
REINSTATEMENT 05



1st MOORE CR2E034 (10/04)

Principal Place of Business

1717 THUNDERBOLT STREET
NAVARRE FL 32566
US

Mailing Address

POST OFFICE BOX 5358
NAVARRE FL 32566
US

2. Principal Place of Business

2209 Avenida De Sol

3. Mailing Address

Post Office Box 5358

City & State

Navarre, FL

City & State

C.E. WILLIAMS CONSTRUCTION CO. INC.
P.O. BOX 5358
NAVARRE, FL 32566

Zip

32566

Country

USA

Zip

32566

Country

USA

4. FEI Number

59-1901067-

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, C. EARL

1717 THUNDERBOLT STREET
NAVARRE FL 32566

2209 AVENIDA DE SOL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 C. EARL WILLIAMS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-29-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, C. EARL
STREET ADDRESS 2209 AVENIDA DE SOL
CITY-ST-ZIP NAVARRE FL 32566

TITLE S
NAME WILLIAMS, CAROLE H.
STREET ADDRESS 2209 AVENIDA DE SOL
CITY-ST-ZIP NAVARRE FL 32566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

C. Earl Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-05

Date

850-939-6550

Daytime Phone #