

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 616737 Entity Name WILLIAMS CONSTRUCTION COMPANY, INC.			
Principal Place of Business AVENIDA DE SOL NAVARRE FL 32566		Mailing Address POST OFFICE BOX 5358 NAVARRE FL 32566 US	
Principal Place of Business <i>Same</i>		Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>	
State <i>Same</i>		City & State 4. FEI Number 59-1901067	
Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, EARL C 2209 AVENIDA DE SOL NAVARRE FL 32566		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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, obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable CHARLES E. WILLIAMS Pres. <i>1-19-06</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P WILLIAMS, C. EARL 2209 AVENIDA DE SOL NAVARRE FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 000000346303 01/30/06-80027-023 150.00
S WILLIAMS, CAROLE H. 2209 AVENIDA DE SOL NAVARRE FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>C. Earl Williams</i>		<i>1-19-06 1-950-939-2</i>	