


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 686571 1. Entity Name J. CRAIG WILLIAMS, P.A.	
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Principal Place of Business % J. CRAIG WILLIAMS 211 LIBERTY STREET, SUITE ONE JACKSONVILLE, FL 32202	Mailing Address 211 LIBERTY STREET N SUITE 1 JACKSONVILLE, FL 32202 US
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DO NOT WRITE IN THIS SPACE

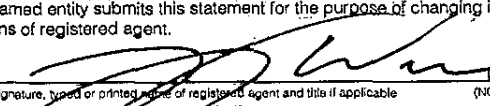


01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2031570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, J. CRAIG 211 LIBERTY ST., STE. ONE JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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.

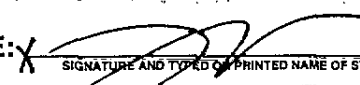
SIGNATURE:  **J. Craig Williams** DATE: **2-25-2005**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, J CRAIG 211 LIBERT ST., STE.1 JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, GEORGE J JR 320 E ADAMS ST JACKSONVILLE, FL 00000,
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	

DO NOT WRITE IN THIS SPACE

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:  **J. Craig Williams** DATE: **2-25-2005** DAYTIME PHONE: **904-353-3631**
(Signature and typed or printed name of signing officer or director)