

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686571

FILED
Jan 30, 2009
Secretary of State

Entity Name: J. CRAIG WILLIAMS, P.A.

Current Principal Place of Business:

% J. CRAIG WILLIAMS
211 LIBERTY STREET, SUITE ONE
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

211 LIBERTY STREET N
SUITE 1
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2031570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, J. CRAIG
211 LIBERTY ST., STE. ONE
JACKSONVILLE, FL 32202 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: PTD () Delete
Name: WILLIAMS, J CRAIG,
Address: 211 LIBERT ST., STE.1
City-St-Zip: JACKSONVILLE, FL 00000,

Title: D () Delete
Name: ELLIS, GEORGE J JR,
Address: 320 E ADAMS ST
City-St-Zip: JACKSONVILLE, FL 00000,

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 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: J. CRAIG WILLIAMS

PTD

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date