2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# 821317

Entity Name: WILLIAMS ENTERPRISES OF GEORGIA INC

Current Principal Place of Business:

1285 HAWTHORNE AVE.
SMYRNA, GA 30081

New Principal Place of Business:

Current Mailing Address:

1285 HAWTHORNE AVE.
P O BOX 756
SMYRNA, GA 30081 US

New Mailing Address:

FEI Number: 58-1020223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO ( ) Delete
Name: TORCHO, PHILIP III
Address: 1305 IDLEWYLD DR
City-St-Zip: MARIETTA, GA 30064

Title: D ( ) Delete
Name: WILLIAMS, FRANK E JR, .
Address: 3008 CYRANDALL VALLEY RD
City-St-Zip: MERRIFIELD, VA

Title: D ( ) Delete
Name: WILLIAMS, A DALE,
Address: 110 CONCORD RD S E
City-St-Zip: SMYRNA, GA

Title: D/S ( ) Delete
Name: BRYAN, SHARON A CFO
Address: 9215 HIDDEN MOUNTAIN DRIVE
City-St-Zip: CHATTANOOGA, TN 37421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHARON A. BRYAN CFO 01/14/2008

Electronic Signature of Signing Officer or Director — Date