


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 838302 1. Entity Name WILLIAMS-RUSSELL AND JOHNSON, INC.	
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Principal Place of Business 771 SPRING ST. N.W. 2ND FLOOR - JCREW ATLANTA, GA 30308-1039	Mailing Address 771 SPRING ST. N.W. 2ND FLOOR - JCREW ATLANTA, GA 30308-1039
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DO NOT WRITE IN THIS SPACE

FILED

05 JAN 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1269958	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, TYRONE C
3900 N.W. 79TH AVENUE
SUITE 520
MIAMI, FL 33166-6549

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	COBT WILLIAMS, PELHAM C CEO 1250 CLEARBROOK DR., SW ATLANTA, GA 30311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO JOHNSON, CHARLES E 2807 ALAMEDA TRAIL DECATUR, GA 30034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, CHARLES E 2807 ALAMEDA TRAIL DECATUR, GA 30034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, LINNIE ADAMS 620 PEACHTREE ST., NE #710 ATLANTA, GA 303082366
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CARPENTER, JITENDRA V 487 COVE DRIVE MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILLIAMS, PELHAM L 503 CHAMPION DRIVE DULUTH, GA 30092

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02/11/05--01018--003 **158.75

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: Pelham C. Williams Pelham C. Williams 01/19/2005 (404) 853-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #