

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854749

FILED
Feb 21, 2005
Secretary of State

Entity Name: WILLIAMS CONSTRUCTION MANAGEMENT, INC.

Current Principal Place of Business:

535 COLISEUM DRIVE
MACON, GA 31217

New Principal Place of Business:

Current Mailing Address:

P O BOX 4604
MACON, GA 312084604

New Mailing Address:

FEI Number: 58-1031577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: WILLIAMS, FLOYD B
Address: 3711 EL DORADO DRIVE
City-St-Zip: MACON, GA 31204

Title: SVP () Delete
Name: H. MORRIS, JACKSON
Address: 859 WERA PLACE
City-St-Zip: MACON, GA 31210

Title: SD () Delete
Name: WILLIAMS, CAROLYN C.,
Address: 3711 EL DORADO DRIVE
City-St-Zip: MACON, GA 31204

Title: P () Delete
Name: WILLIAMS, M. TOL
Address: 4582 OXFORD CIRCLE
City-St-Zip: MACON, GA 31210

Title: VP (X) Delete
Name: WILLIAMS, JAMES F.
Address: 17 OLD BENTON ROAD
City-St-Zip: JULIETTE, GA 31046

Title: VP () Delete
Name: GRANT, WES
Address: 4805 GRAFTON COURT
City-St-Zip: SUWANEE, GA 30174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, M TOL
Address: 101 MONTICLAIR COURT
City-St-Zip: MACON, GA 31210

Title: STD (X) Change () Addition
Name: WILLIAMS, JAMES F
Address: 17 OLD BENTON ROAD
City-St-Zip: JULIETTE, GA 31046

Title: D (X) Change () Addition
Name: WILLIAMS, FLOYD B
Address: 3711 ELDORADO DRIVE
City-St-Zip: MACON, GA 31204

Title: VP (X) Change () Addition
Name: JACKSON, H. MORRIS
Address: 859 WERA PLACE
City-St-Zip: MACON, GA 31210

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 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 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: TOL WILLIAMS

PD

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date