


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002810 1. Entity Name MCCRORY & WILLIAMS, INC.	
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Principal Place of Business 3207 INTERNATIONAL DRIVE, SUITE G MOBILE, AL 36606	Mailing Address 3207 INTERNATIONAL DRIVE, SUITE G MOBILE, AL 36606
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0697109	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAY, DONALD L 4170 BONWAY DRIVE PENSACOLA, FL 32504
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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 <u>DONALD L. MAY</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	7-1-05 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKERSON, WILLIAM E 2021 CATHEDRAL WAY MOBILE, AL 36616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, THOMAS C 2263 HOWELL AVENUE MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, MERLIN J 224 EAST BARATARA DRIVE CHICKASAW, AL 36611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/05-80015-008 150.00

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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: <u>William E. Wilkerson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-1-05 (251) 476-9120 <small>Date Daytime Phone #</small>
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WILLIAM E. WILKERSON