

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90255 022 ***150.00

DOCUMENT # F02000005995

1. Entity Name
I. WILLIAMS ASSOCIATES, INC.



Principal Place of Business
**600 W JOHN ST STE 2W
HICKSVILLE, NY 11801**

Mailing Address
**600 W JOHN ST STE 2W
HICKSVILLE, NY 11801**



2. Principal Place of Business - No P.O. Box #

**600 W JOHN ST
SUITE 200**

3. Mailing Address

**600 W JOHN ST
SUITE 200**

01052007 Chg-P CR2E034 (12/06)

City & State
HICKSVILLE, NY

City & State
HICKSVILLE NY

4. FEI Number
11-2735976

Applied For
Not Applicable

Zip Country
11801 USA

Zip Country
11801 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELETTO, JOHN J
2100 S OCEAN LANE APT 1212
FORT LAUDERDALE, FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ELETTO, JOHN	
STREET ADDRESS	600 W JOHN ST STE 2W	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELETTO, JOSEPH	
STREET ADDRESS	445 NORTHERN BOULEVARD	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ELETTO, ROBERT	
STREET ADDRESS	600 W JOHN ST STE 2W	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SELLARS, LINDA	
STREET ADDRESS	600 W JOHN ST STE 2W	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELETTO, JOHN	
STREET ADDRESS	600 W JOHN ST SUITE 200	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELETTO, JOSEPH	
STREET ADDRESS	600 WEST JOHN ST SUITE 200	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELETTO, ROBERT	
STREET ADDRESS	600 WEST JOHN ST SUITE 200	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLARS, LINDA	
STREET ADDRESS	600 WEST JOHN ST SUITE 200	
CITY-ST-ZIP	HICKSVILLE, NY 11801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ELETTO

Date

Daytime Phone #

1/5/07 516 937-3950