

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 017 ***150.00

DOCUMENT # F20913

1. Entity Name
FRANK WILLIAMS MASONRY, INC.



Principal Place of Business
**536 MILLICAN ROAD
PALATKA, FL 32177-9647 US**

Mailing Address
**536 MILLICAN ROAD
PALATKA, FL 32177-9647 US**



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2072913

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, FRANKLIN
536 MILLICAN ROAD
PALATKA, FL 32177-6647**

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IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, FRANKLIN
STREET ADDRESS	536 MILLICAN ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	V
NAME	WILLIAMS, FRANKLIN DORAN
STREET ADDRESS	111 TAYLOR ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	V
NAME	WILLIAMS, MICHAEL
STREET ADDRESS	109 TAYLOR ROAD 107
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Frank Williams* *Pres Frank Williams* *2-27-08* *386 329-2253*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone