

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F26464

Entity Name: RICHARD WILLIAMSON, INC.

FILED  
Apr 16, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 2196  
OCALA, FL 32678

## New Principal Place of Business:

1821 SW 7TH AVE  
OCALA, FL 34474

## Current Mailing Address:

PO BOX 2196  
OCALA, FL 32678

## New Mailing Address:

PO BOX 2196  
OCALA, FL 34478

FEI Number: 59-2101551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, Y. J.  
125 NE 1ST AVE., STE 1  
OCALA, FL 32670 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: PD ( ) Delete  
Name: WILLIAMSON, RICHARD, L  
Address: 942 SE 5 ST  
City-St-Zip: OCALA, FL 34471

Title: ST ( ) Delete  
Name: WILLIAMSON, RICHARD, L  
Address: 942 SE 5 ST  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: RICHARD L. WILLIAMSON

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date