

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F42779

1. Entity Name
W.H. WILLIAMS AND ASSOCIATE PAVING, INC.



Principal Place of Business
**9238 CSWY BLVD
TAMPA, FL 33619 US**

Mailing Address
**P.O. BOX 546
SEFFNER, FL 33584 US**



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2129010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, W. RONALD
2606 PEMBERTON CREEK DR.
SEFFNER, FL 33584**

**DO NOT WRITE
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 *Ronald W. Williams* Ronald W. Williams

2/3/04
DATE

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLIAMS, WALTER R
2606 PEMBERTON CREEK DR.
SEFFNER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WILLIAMS, YVONNE
2606 PEMBERTON CREEK DR.
SEFFNER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/09/04-80037-016 150.00

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IN THIS SPACE**

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: *Ronald W. Williams* Ronald W. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 917 5544