

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51826

Entity Name: WILLIAMS UPHOLSTERY, INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

% MRS. GLADYS PRYOR
2055 ROBERTS DR
FORT WALTON BEACH, FL 32547

Current Mailing Address:

% MRS. GLADYS PRYOR
2055 ROBERTS DR
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

% MRS. GLADYS PRYOR
2055 ROBERTS DR
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

% MRS. GLADYS PRYOR
2055 ROBERTS DR
FORT WALTON BEACH, FL 32547 US

FEI Number: 59-2305459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRYOR, GLADYS MRS.
833 LARK ST
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

PRYOR, GLADYS P
833 LARK ST
FORT WALTON BEACH, FL 32547 US

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: GLADYS PRYOR

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRYOR, GLADYS,
Address: 833 LARK ST
City-St-Zip: FT WALTON BCH , FL 00000,

Title: D () Delete
Name: PRYOR, EUGENE,
Address: 833 LARK ST
City-St-Zip: FORT WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRYOR, GLADYS PD
Address: 833 LARK ST
City-St-Zip: FT WALTON BCH ,, FL 32547 US

Title: D (X) Change () Addition
Name: PRYOR, EUGENE D
Address: 833 LARK ST
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify 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: GLADYS PRYOR

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date