

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # G74066

1. Entity Name
WILLIAMS FLOWERS, INC.



Principal Place of Business

**2316 E. EDGEWOOD DR
LAKELAND, FL 33803**

Mailing Address

**2316 E. EDGEWOOD DR
LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2359694** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, VELMA OSBORNE
3445 CHRISTINA GROVE CIR.S
LAKELAND, FL 33813**

**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

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, 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 PD
NAME JOHNSON, GEORGE PAUL
STREET ADDRESS 3445 CHRISTINA GROVE CIR
CITY-ST-ZIP LAKELAND, FL 33813

TITLE STD
NAME JOHNSON, VELMA OSBORNE
STREET ADDRESS 3445 CHRISTINA GROVE CR.S
CITY-ST-ZIP LAKELAND, FL 33813

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U000000084627
03/11/04-80013-014 150.00

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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 118.07(3)(f), 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:

Velma Johnson **Velma JOHNSON**

3/7/04 863-683-5589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #