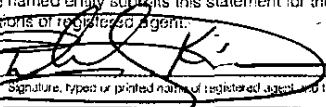
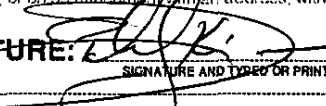


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90024 025 ***150.00

DOCUMENT # H68484 1. Entity Name J.W. WILLIAMS, INC.			
Principal Place of Business 1825 RIVERVIEW DRIVE MELBOURNE FL 32901 US		Mailing Address 1825 RIVERVIEW DRIVE MELBOURNE FL 32901 US	
2. Principal Place of Business MIKE'S AUTO BODY Suite, Apt. #, etc. 815 WASHBURN RD City & State MELBOURNE, FL Zip - Country 32934 USA		3. Mailing Address MIKE'S AUTO BODY Suite, Apt. #, etc. 815 WASHBURN RD City & State MELBOURNE FL Zip - Country 32934 USA	
4. FEI Number 59-2559647		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUMMER, PHILLIP K 815 WASHBURN RD. PENSACOLA, FL 32534		7. Name and Address of New Registered Agent Name PHILIP K DUMMER Street Address (P.O. Box Number is Not Acceptable) 815 WASHBURN RD City MELBOURNE FL Zip Code 32934	
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  PRES. 4/10/04 (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME DUMMER, PHILLIP K STREET ADDRESS 815 WASHBURN RD CITY-ST-ZIP MELBOURNE, FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ST NAME WILLIAMS-DUMMER, VALERIE A STREET ADDRESS 815 WASHBURN RD CITY-ST-ZIP MELBOURNE, FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  PRES. PHILIP K DUMMER PRES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/10/04 Daytime Phone # 321 254 6440	

54034076



03312004 Chg-P CR2E034 (10/03)