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

04-16-2004 90024 025 ***150.00

54034076

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H68484

1. Entity Name
J.W. WILLIAMS, INC.

Principal Place of Business	Mailing Address
~~1825 RIVERVIEW DRIVE~~	~~1825 RIVERVIEW DRIVE~~
~~MELBOURNE, FL 32901 US~~	~~MELBOURNE, FL 32901 US~~

2. Principal Place of Business		3. Mailing Address	
MIKE'S AUTO BODY		MIKE'S AUTO BODY	
Suite, Apt. #, etc.: 815 WASHBURN RD		Suite, Apt. #, etc.: 815 WASHBURN RD	
City & State: MELBOURNE, FL		City & State: MELBOURNE FL	
Zip: 32934	Country: USA	Zip: 32934	Country: USA

03312004 Chg-P CR2E034 (10/03)

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 [signature] PRES. DATE 4/10/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DUMMER, PHILLIP K		NAME		
STREET ADDRESS	815 WASHBURN RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS-DUMMER, VALERIE A		NAME		
STREET ADDRESS	815 WASHBURN RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] PRES. PHILIP K. DUMMER PRES. 4/10/04 321 254 6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #