

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H72658**

1. Entity Name:  
**H.D. WILLIAMS CONSTRUCTION CO., INC.**



Principal Place of Business  
195 EAST ALFRED DRIVE  
LAKE ALFRED, FL 33850

Mailing Address  
195 EAST ALFRED DRIVE  
LAKE ALFRED, FL 33850

**FILED  
Apr 21, 2004 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

04192004 No City-P CR2E034 (10/00)

4. FBN Number <b>59-2580196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUTCHINSON, JONNIE M., ESQUIRE  
150 EAST HAINES BLVD.  
LAKE ALFRED, FL

**DO NOT WRITE  
IN THIS SPACE**

8. I, the above named entity, execute 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, print or partial name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NUMBER **Fee is \$150.00**  
**After May 1, 2004 Fee will be \$200.00**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

U00000122426

04/21/04-80028-011 150.00

10. OFFICERS AND DIRECTORS

NAME: **PD**  
WILLIAMS, HAROLD D., SR.  
STREET ADDRESS: 12550 OLD GRADE RD  
CITY-STATE: POLK CITY, FL

NAME: **VDS**  
WILLIAMS, HAROLD D., JR.  
STREET ADDRESS: 12550 OLD GRADE RD  
CITY-STATE: POLK CITY, FL

NAME:   
STREET ADDRESS:   
CITY-STATE:

NAME:   
STREET ADDRESS:   
CITY-STATE:

NAME:   
STREET ADDRESS:   
CITY-STATE:

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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 10(a)(note)(ii), 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 it would 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 807, 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 information.

**SIGNATURE:** *Shield Williams*

**4/19/04(863)956-3125**