

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72658

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

195 EAST ALFRED DRIVE  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

12550 OLD GRADE ROAD  
POLK CITY, FL 33868

**Current Mailing Address:**

195 EAST ALFRED DRIVE  
LAKE ALFRED, FL 33850

**New Mailing Address:**

12550 OLD GRADE ROAD  
POLK CITY, FL 33868

FEI Number: 59-2580196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, HAROLD D., SR.  
Address: 12550 OLD GRADE RD  
City-St-Zip: POLK CITY, FL

Title: VDS ( ) Delete  
Name: HAROLD D. WILLIAMS, JR.  
Address: 12550 OLD GRADE RD  
City-St-Zip: POLK CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAROLD D. WILLIAMS, SR.

PD

04/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date