

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # H91381

1. Entity Name
VINCENT G. WILLIAMS, INC.



Principal Place of Business

**3619 HAWKSHEAD DRIVE
CLERMONT, FL 34711 US**

Mailing Address

**3619 HAWKSHEAD DRIVE
CLERMONT, FL 34711 US**



06202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2633465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, VINCENT G.
3619 HAWKSHEAD DRIVE
CLERMONT, FL 34711**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
WILLIAMS, VINCENT G.
3619 HAWKSHEAD DR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, EILEEN M.
3619 HAWKSHEAD DR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

1100000369795
06/27/05-80004-005 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Vincent G Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05 (352) 241-9514

Date

Daytime Phone #