

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H91381 1. Entity Name VINCENT G. WILLIAMS, INC.	
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Principal Place of Business 3619 HAWKSHEAD DRIVE CLERMONT, FL 34711 US	Mailing Address 3619 HAWKSHEAD DRIVE CLERMONT, FL 34711 US
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent Signature required when translating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
NAME TITLE ADDRESS CITY-STATE-ZIP	DP WILLIAMS, VINCENT G. 3619 HAWKSHEAD DR CLERMONT, FL 34711
NAME TITLE ADDRESS CITY-STATE-ZIP	D WILLIAMS, EILEEN M. 3619 HAWKSHEAD DR CLERMONT, FL 34711
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent G. Williams VINCENT G. WILLIAMS 1/16/2006 (352) 241-9514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR