2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90037 015 ***150.00

DOCUMENT # H91381

1. Entity Name
VINCENT G. WILLIAMS, INC.

Principal Place of Business	Mailing Address
3619 HAWKSHEAD DRIVE CLERMONT FL 34711 US	3619 HAWKSHEAD DRIVE CLERMONT FL 34711 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1620 MAYFLOWER COURT		1620 MAYFLOWER COURT	
Suite, Apt. #, etc. APT. A-215		Suite, Apt. #, etc. APT. A-215	
City & State WINTER PARK, FL.		City & State WINTER PARK, FL	
Zip 32792	Country ORANGE	Zip 32792	Country ORANGE

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

7. Name and Address of New Registered Agent

Name VINCENT G. WILLIAMS
Street Address (P.O. Box Number is Not Acceptable) 1620 MAYFLOWER COURT APT. A-215
City WINTER PARK FL Zip Code 32792

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 Vincent G. Williams VINCENT G. WILLIAMS 3/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	DP	☐ Delete	TITLE	DIRECTOR/PRESIDENT	☒ Change ☐ Addition
NAME	WILLIAMS, VINCENT G.		NAME	VINCENT G. WILLIAMS	
STREET ADDRESS	3619 HAWKSHEAD DR		STREET ADDRESS	1620 MAYFLOWER COURT APT A-215	
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP	WINTER PARK, FL. 32792	
TITLE	D	☐ Delete	TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	WILLIAMS, EILEEN M.		NAME	EILEEN M. WILLIAMS	
STREET ADDRESS	3619 HAWKSHEAD DR		STREET ADDRESS	1620 MAYFLOWER COURT APT. A-215	
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP	WINTER PARK, FL. 32792	
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 exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent G. Williams VINCENT G. WILLIAMS 3/19/08 (407) 679-9514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #