


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90028 007 ***150.00

DOCUMENT # J16920		
1. Entity Name TAMPOSI-WILLIAMS COMPANY		

Principal Place of Business 295 FIRST ST S WINTER HAVEN, FL 33880 US	Mailing Address 295 FIRST ST S WINTER HAVEN, FL 33880 US
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2. Principal Place of Business 250 Ave K, SW	3. Mailing Address 250 Ave. K, SW
Suite, Apt. #, etc. Ste. 103	Suite, Apt. #, etc. Ste. 103
City & State Winter Haven, FL	City & State Winter Haven, FL
Zip 33880	Country US

60004184



01092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CASSIDY, ALBERT B 205 1ST STREET SOUTH 250 AVE K, SW Ste 103 WINTER HAVEN, FL 33880		Name Street Address (P.O. Box Number is Not Acceptable) 250 AVE K, SW Ste 103 City FL Zip Code	

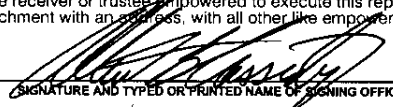
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSIDY, ALBERT B. 205 FIRST ST S 250 AVE. K, SW Ste 103 WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 250 AVE. K, SW Ste 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSIDY, STEVEN L 4103 SHOAL GREEN CT WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RHINEHART, CAROL C 3832 GAINES CT WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Albert B. Cassidy** **1/16/06** **863-324-3698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #