


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # J52452 1. Entity Name WILLIAMS JEWELRY, INC.		
Principal Place of Business 114 WEST MADISON STREET STARKE, FL 32091	Mailing Address 114 WEST MADISON STREET STARKE, FL 32091	



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2880540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, TERRANCE M
486 N TEMPLE AVE
STARKE, FL 32091**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000872658
04/10/08-80046-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, A.C.
STREET ADDRESS	114 W. MADISON ST
CITY-ST-ZIP	STARKE, FL
TITLE	V
NAME	WILLIAMS, MILTA M
STREET ADDRESS	114 W. MADISON ST
CITY-ST-ZIP	STARKE, FL
TITLE	TS
NAME	GRIFFIS, BRENDA W.
STREET ADDRESS	736 S. WESTMORLAND ST
CITY-ST-ZIP	STARKE, FL
TITLE	T
NAME	WILLIAMS, E. DAVID SR.
STREET ADDRESS	114 W. MADISON ST
CITY-ST-ZIP	STARKE, FL
TITLE	T
NAME	JOHNSON, VICKI W
STREET ADDRESS	114 W. MADISON ST
CITY-ST-ZIP	STARKE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other job empowered.

SIGNATURE:  **3-25-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #