


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J75638</b> 1. Entity Name <b>WILLIAMS WHOLESALE SEAFOOD, INC.</b>	
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Principal Place of Business <b>11610 SAN JOSE BLVD JACKSONVILLE, FL 32223</b>	Mailing Address <b>11610 SAN JOSE BLVD JACKSONVILLE, FL 32223</b>
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**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2932964</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, BENJAMIN S.  
C/O FISHERMAN'S DOCK  
11610 SAN JOSE BLVD  
JACKSONVILLE, FL 32223**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, BENJAMIN S. IV 1096 OAK VALE ROAD FRUIT COVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMS, LUANNE 1096 OAK VALE ROAD FRUIT COVE, FL
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U00000568422  
07/07/06-80008-004 550.00

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

**SIGNATURE:**  **2-6-06**

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