


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J93201</b> 1. Entity Name <b>WILLIAMS ENVIRONMENTAL SERVICES, INC.</b>	
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Principal Place of Business <b>1616 WILDRIDGE RD LYNN HAVEN, FL 32444</b>	Mailing Address <b>PO BOX 1001 PANAMA CITY, FL 32402</b>
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2850304</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WOLFE, LARRY S. 200-A JOHN KNOX ROAD TALLAHASSEE, FL 32303</b>
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**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</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	<b>PST WILLIAMS, MALLORY H. 1616 WILDRIDGE RD LYNN HAVEN, FL 32444</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WILLIAMS, MALLORY H. 1616 WILDRIDGE RD LYNN HAVEN, FL 32444</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WOLFE, LARRY S. 2909 STOKLEY LANE TALLAHASSEE, FL 32301</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WILLIAMS, DEBRA 1616 WILDRIDGE RD LYNN HAVEN, FL 32444</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Debra Williams Debra Williams 4/23/2004 850)265-1906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #