


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K01661 1. Entity Name WILLIAMS FARMS OF PLANT CITY, INC.	
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Principal Place of Business % BILLY WILLIAMS 1508 SPARKMAN ROAD PLANT CITY, FL 33566	Mailing Address % BILLY WILLIAMS 1508 SPARKMAN ROAD PLANT CITY, FL 33566
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DO NOT WRITE IN THIS SPACE



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2856875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BILLY
1508 SPARKMAN ROAD
PLANT CITY, FL 33566

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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 _____
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, 2004 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

TITLE	PD
NAME	WILLIAMS, BILLY
STREET ADDRESS	1508 SPARKMAN ROAD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	VD
NAME	WILLIAMS, DARRYL
STREET ADDRESS	2703 FOREST CLUB DR
CITY-ST-ZIP	PLANT CITY, FL
TITLE	TD
NAME	WILLIAMS, BILLY KEITH
STREET ADDRESS	4011 CORONET ROAD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	SD
NAME	WILLIAMS, MATTIE
STREET ADDRESS	1508 SPARKMAN ROAD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000139770
04/29/04-80133-021 150.00

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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)(f), 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: Darryl Williams Darryl Williams 4/22/04 813 376 0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #