


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 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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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2856875	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, BILLY 1508 SPARKMAN ROAD PLANT CITY, FL 33566
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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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

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04/30/05-80132-022 150.00

**DO NOT WRITE
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: Darryl Williams 4/28/05 813 376 0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #