

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # K01661

1. Entity Name
WILLIAMS FARMS OF PLANT CITY, INC.



Principal Place of Business
**% BILLY WILLIAMS
1508 SPARKMAN ROAD
PLANT CITY, FL 33566**

Mailing Address
**% BILLY WILLIAMS
1508 SPARKMAN ROAD
PLANT CITY, FL 33566**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2856875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, BILLY
1508 SPARKMAN ROAD
PLANT CITY, FL 33566**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PO
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	SO
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	

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05/01/06-80026-008 150.00

**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 all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #