2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01661

Title:

Name:

Address:

City-St-Zip:

FILED Feb 10, 2009 Secretary of State

Entity Name: WILLIAMS FARMS OF PLANT CITY, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
	ILLIAMS KMAN ROAD Y, FL 33566					
Current Mailing Address:				New Mailing Address:		
% BILLY WILLIAMS 1508 SPARKMAN ROAD PLANT CITY, FL 33566				% BILLY KEITH WILLIAMS 4011 CORONET ROAD PLANT CITY, FL 33566		
FEI Number:	59-2856875	FEI Number Applied For ()	FEI Number	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WILLIAMS, BILLY 1508 SPARKMAN ROAD PLANT CITY, FL 33566 US				WILLIAMS, BILLY KEITH 4011 CORONET ROAD PLANT CITY, FL 33566 US		
The above in the State		ubmits this statement for the p	urpose of cha	anging its registered o	ffice or registered agent, or both,	
SIGNATURE: BILLY KEITH WILLIAMS				02/10/2009		
	Electronic	Signature of Registered Age	ent		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () [WILLIAMS, BILL 1508 SPARKMAI PLANT CITY, FL			` '	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () [WILLIAMS, DARI 2703 FOREST C PLANT CITY, FL			()	Change () Addition	
Title: Name: Address: City-St-Zip:	TD () [WILLIAMS, BILL 4011 CORONET PLANT CITY, FL	•			Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BILLY KEITH WILLIAMS TD 02/10/2009

() Delete

WILLIAMS, MATTIE,

PLANT CITY, FL

1508 SPARKMAN ROAD

() Change () Addition