


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90093 031 \*\*\*150.00

<b>DOCUMENT #K27783</b>	
<b>1. Entity Name</b> WILLIAMS FLOOR STORE INC.	

<b>Principal Place of Business</b> 2619 HWY 44 W INVERNESS, FL <del>32650-3725</del> <b>34453</b>	<b>Mailing Address</b> 2619 HWY 44 W INVERNESS, FL <del>32650-3725</del> <b>34453</b>
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2908176	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> WILLIAMS, ALLAN E. 2619 HWY 44 W INVERNESS, FL <del>32650</del> <b>34453</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** \_\_\_\_\_ (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ALLAN E. 2924 S DAVIS LAKE DR INVERNESS, FL <b>34450</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, LYNN E. 2924 S DAVIS LAKE DR INVERNESS, FL <b>34450</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Allan Williams President 1/30/04 352 637 3840