

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34736

FILED
Feb 03, 2004
Secretary of State

Entity Name: L/R WILLIAMS AND WILLIAMS, INC.

Current Principal Place of Business:

325 MEARS BLVD.
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

325 MEARS BLVD.
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-2918833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUETH, ROBERT W
295 FLORIDA AVENUE (P.O. BOX 535)
CRYSTAL BEACH, FL 34681 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LUETH, ROBERT W
Address: 295 FLORIDA AVENUE
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: P () Delete
Name: RENDE, MICHAEL W
Address: 401 FAIRVIEW RD
City-St-Zip: BELLAIRE, FL

Title: ST () Delete
Name: ALDRICH, CHARLES W
Address: 928 PORTER DRIVE
City-St-Zip: LARGO, FL

Title: TR (X) Delete
Name: WASMILLER, MARK
Address: 325 MEARS BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: TR (X) Delete
Name: WYMAN, ROBERT W
Address: 325 MEARS BLVD.
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V-S (X) Change () Addition
Name: LUETH, ROBERT W
Address: 295 FLORIDA AVENUE
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: WYMAN, ROBERT J
Address: 325 MEARS BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. RENDE

P

02/03/2004

Electronic Signature of Signing Officer or Director

Date