


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K63035 1. Entity Name MELVIN H. WILLIAMS, INC.	
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Principal Place of Business C/O MELVIN H. WILLIAMS 1651 EVALENA LANE NORTH FORT MYERS, FL 33917	Mailing Address C/O MELVIN H. WILLIAMS 1651 EVALENA LANE NORTH FORT MYERS, FL 33917
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03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0095235	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, MELVIN H. 1651 EVALENA LANE NORTH FT. MYERS, FL 33917
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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 _____ <small>Signature, typed or printed name of registered agent and wife if applicable. (NOTE: Registered Agent signature required when re-instating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, MELVIN H. 1651 EVALENA LANE NORTH FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, E. K. 1651 EVALENA LANE NORTH FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000333123 04/26/05-80087-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>E.K. Williams</u> E.K. Williams <u>02/17/05</u> <u>(239) 995-5089</u>	Date Daytime Phone #
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