

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36634

FILED
Feb 20, 2008
Secretary of State

Entity Name: WILLIAMS FARMS OF IMMOKALEE, INC.

Current Principal Place of Business:

CARRIE WILLIAMS
1300 NORTH 15TH STREET
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

CARRIE WILLIAMS
1300 NORTH 15TH STREET
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 65-0159189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRIE WILLIAMS
1300 NORTH 15TH STREET
IMMOKALEE, FL 34142 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: DP () Delete
Name: WILLIAMS, JAMES E., JR.
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL

Title: DV () Delete
Name: WILLIAMS, DIANE R.,
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL

Title: STD () Delete
Name: WILLIAMS, CARRIE
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: BLUST, SUSAN
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: WILLIAMS, JOHN
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: WILLIAMS III, JAMES E
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, JAMES E., JR.
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL

Title: DP (X) Change () Addition
Name: WILLIAMS, DIANE R.,
Address: 1300 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL

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

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

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE WILLIAMS

ST

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date