


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L38610	
1. Entity Name WILLIAMS CAPITAL INVESTMENTS, INC.	

Principal Place of Business 7975 SUNDOWN CREEK ROAD SW GREENVILLE, FL 32331 US	Mailing Address 7975 SUNDOWN CREEK ROAD SW GREENVILLE, FL 32331 US
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01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2983142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, FRED 7975 SUNDOWN CREEK ROAD SW GREENVILLE, FL 32331
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000210665 02/02/05-90081-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, FRED 7975 SUNDOWN CREEK ROAD SW GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, JEAN J 7975 SUNDOWN CREEK ROAD SW GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, GREGORY K 7975 SUNDOWN CREEK ROAD SW GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	2-1-05	850-948-4444
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JEAN J. WILLIAMS, DV	<small>Date</small>	<small>Daytime Phone</small>