

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59562

FILED
Apr 28, 2006
Secretary of State

Entity Name: SUSAN J. WILLIAMS, P.A.

Current Principal Place of Business:

5200 S. US HWY., 17-92
CASSELBERRY, FL 32707

New Principal Place of Business:

5250 S. US HWY., 17-92
CASSELBERRY, FL 32707

Current Mailing Address:

5200 S. US HWY., 17-92
CASSELBERRY, FL 32707

New Mailing Address:

5250 S. US HWY., 17-92
CASSELBERRY, FL 32707

FEI Number: 59-3018840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SUSAN J.
5200 SOUTH US HWY 17-92
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

WILLIAMS, SUSAN J.
5250 SOUTH US HWY 17-92
CASSELBERRY, FL 32707 US

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

04/28/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, SUSAN J.
Address: 5200 S. US HWY., 17-92
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, SUSAN J.
Address: 5250 S. US HWY., 17-92
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN J. WILLIAMS

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date