

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63293

**FILED
Feb 01, 2005
Secretary of State**

Entity Name: E. WENDELL WILLIAMS, INC.

Current Principal Place of Business:

14180 METROPOLIS AVE
SUITE #1
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14180 METROPOLIS AVE
SUITE #1
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0184794 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, E. WENDALL
5733 STONEHAVEN DR.
FT. MYERS, FL 33903 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: PVT () Delete
Name: WILLIAMS, E WENDELL
Address: 5783 STONEHAVEN DR
City-St-Zip: FORT MYERS, FL 33903

Title: S () Delete
Name: WILLIAMS, KATHRYNE
Address: 5733 STONEHAVEN DR
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: E. WENDELL WILLIAMS

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02/01/2005

Electronic Signature of Signing Officer or Director

_____ Date