

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90053 027 ***158.75

DOCUMENT # M81750

1. Entity Name

TIM WILLIAMS, INC.



Principal Place of Business

**191 27TH ST NW
NAPLES FL 34120
US**

Mailing Address

**191 27TH ST NW
NAPLES FL 34120
US**

2. Principal Place of Business

191 27th St NW

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

↓

Zip

34120

Country

USA

Zip

↓

Country

↓

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0053014

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, TIMOTHY E.
191 27TH ST NW
NAPLES FL 34120**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete
NAME WILLIAMS, TIMOTHY E.
STREET ADDRESS 191 27TH ST NW
CITY-ST-ZIP NAPLES FL

TITLE ST ☐ Delete
NAME WILLIAMS, DEBBIE S.
STREET ADDRESS 191 27TH ST NW
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

239-353-7629

Daytime Phone #