2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N00000001013

Entity Name: WILLIAMS ECONOMIC DEVELOPMENT, INC.

Current Principal Place of Business:

8098 JUNIPER ROAD
OCALA, FL 34480

New Principal Place of Business:

6315 S. MAGNOLIA AVE.
OCALA, FL 34474

Current Mailing Address:

8098 JUNIPER ROAD
OCALA, FL 34480

New Mailing Address:

6315 S. MAGNOLIA AVE
OCALA, FL 34474

FEI Number: 59-3624618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, LINDA
8098 JUNIPER ROAD
OCALA, FL 34480 US

Name and Address of New Registered Agent:

WILLIAMS, LINDA
6315 S. MAGNOLIA AVE
OCALA, FL 34474 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: _____ 05/03/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, LINDA
Address: 8098 JUNIPER ROAD
City-St-Zip: OCALA, FL 34480

Title: SD ( ) Delete
Name: BROWN, MAXINE
Address: 8098 JUNIPER ROAD
City-St-Zip: OCALA, FL 34480

Title: TD ( ) Delete
Name: WILLIAMS, CORRY
Address: 14345 SE 41ST TERRACE
City-St-Zip: SUMMERFIELDS, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, LINDA
Address: 6315 S. MAGNOLIA AVE
City-St-Zip: OCALA, FL 34474

Title: SD (X) Change ( ) Addition
Name: BROWN, MAXINE
Address: 6315 S. MAGNOLIA AVE
City-St-Zip: OCALA, FL 34474

Title: TD (X) Change ( ) Addition
Name: WILLIAMS, CORRY
Address: 1111 PAMELA STREET
City-St-Zip: LEESBURG,, FL 34748

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE BROWN S 05/03/2005
Electronic Signature of Signing Officer or Director — Date