

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047345

Entity Name: WILLIAMS CONSULTING, INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

200 BUSINESS PARK CIRCLE
SUITE 105
SAINT AUGUSTINE, FL 32095

Current Mailing Address:

200 BUSINESS PARK CIRCLE
SUITE 105
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

155 SAINT JOHNS BUSINESS PLACE
SUITE 201
SAINT AUGUSTINE, FL 32095

New Mailing Address:

155 SAINT JOHNS BUSINESS PLACE
SUITE 201
SAINT AUGUSTINE, FL 32095

FEI Number: 59-3647661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 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: D () Delete
Name: WILLIAMS, WILLIAM M JR.
Address: 139 SOUTH END STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: PD () Delete
Name: WILLIAMS, WILLIAM M JR.
Address: 139 SOUTH END STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VS () Delete
Name: WILLIAMS, BARBARA O
Address: 139 SOUTH END STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VP () Delete
Name: RAFFERTY, MICHAEL F
Address: 1757 SOUTHCREEK DR
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: WILLIAM WILLIAMS

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date