

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000093729

**FILED**  
**May 11, 2011**  
**Secretary of State**

**Entity Name:** WILLIAMS UNLIMITED SERVICES, INC.

**Current Principal Place of Business:**

125-B CLATTER BRIDGE  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

125-B CLATTER BRIDGE ROAD  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

125-B CLATTER BRIDGE  
PONTE VEDRA, FL 32081

**New Mailing Address:**

125-B CLATTER BRIDGE ROAD  
PONTE VEDRA, FL 32081

**FEI Number:** 59-3674852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS,, PATRICIA Y  
125-B CLATTER BRIDGE  
PONTE VEDRA, FL 32081 US

**Name and Address of New Registered Agent:**

WILLIAMS,, PATRICIA Y  
125-B CLATTER BRIDGE ROAD  
PONTE VEDRA, FL 32081 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: PATRICIA WILLIAMS

05/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WILLIAMS, ,, PATRICIA Y  
Address: 125-B CLATTER BRIDGE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: VST  
Name: WILLIAMS, PATRICIA P  
Address: 125-B CLATTER BRIDGE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA WILLIAMS

PRES

05/11/2011

Electronic Signature of Signing Officer or Director

Date