

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 016 ***150.00

DOCUMENT # P01000011202
 1. Entity Name
 R. S. WILLIAMS & ASSOCIATES, INC.



Principal Place of Business
 615 S MISSOURI AV STE 1A
 A
 CLEARWATER, FL 33756

Mailing Address
 615 S MISSOURI AV STE 1A
 A
 CLEARWATER, FL 33756

2. Principal Place of Business
 557 S. Duncan Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 557 S. Duncan Ave.
 Suite, Apt. #, etc.

City & State

Zip Country

40000044



02272006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-3694738

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAKE, SCOTT E 615 S MISSOURI AV STE 1A CLEARWATER, FL 33758		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		557 S. Duncan Ave.	
		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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAKE, SCOTT E 615 S MISSOURI AV STE 1A CLEARWATER, FL 33758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 557 S. Duncan Ave. 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/21/06 x 7274490728
 Daytime Phone #