2008 FOR PROFIT CORPORATION ANNUAL REPARTS

DOCUMENT # P01000011202

1. Entity Name

R. S. WILLIAMS & ASSOCIATES, INC.



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

557 SOUTH DUNCAN AVE CLEARWATER, FL 33756 Mailing Address

557 SOUTH DUNCAN AVE CLEARWATER, FL 33756



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAKE, SCOTT E 557 SOUTH DUNCAN AVE CLEARWATER, FL 33758

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE Signature, typed or printed name of registered agent and trie if applicable (NOTE, riegistered Agent's gnature required when re-nelating) DATE						
		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAKE, SCOTT E 557 SOUTH DUNCAN AVE CLEARWATER, FL 33756				U00000928621 05/21/08~80037-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	!
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY_ST_7/B						

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 Date

7274450728

Daytime Phone #