

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90064 003 \*\*\*150.00

DOCUMENT # P01000023277

1. Entity Name  
WILLIAM G. WILLIAMS, INC.



Principal Place of Business  
1715 US HWY 17 S  
BARTOW, FL 33830

Mailing Address  
C/O CAPLAN & TAYLOR, PA  
8375 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256

2. Principal Place of Business

3. Mailing Address

6242 Crews Lake

Suite, Apt. #, etc.

Hills Loop W

City & State

Lake land, FL

Zip

Country

Zip

Country

33813

Bartow

03022004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3702141

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

WILLIAMS, WILLIAM G  
1715 US HWY 17 S  
BARTOW, FL 33830

Name

Street Address (P.O. Box Number is Not Acceptable)

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

3-8-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 D ☐ Delete  
NAME WILLIAMS, WILLIAM G  
STREET ADDRESS 3714 WINDMOORE DR  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6242 Crews Lake Hills Loop W  
CITY-ST-ZIP Lake land, FL 33813

TITLE D ☐ Delete  
NAME WILLIAMS, CAROLE C  
STREET ADDRESS 3714 WINDMOORE DR  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6242 Crews Lake Hills Loop W  
CITY-ST-ZIP Lake land, FL 33813

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

William G Williams  
Pres. 3-8-04

863-533-0581