

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028911

FILED  
Jun 01, 2005  
Secretary of State

**Entity Name:** WILLIAMS AND ASSOCIATES INTERNATIONAL, CORPORATION

**Current Principal Place of Business:**

7627 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

950 NO. FEDERAL HIGHWAY  
SUITE #219  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

7627 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

950 NO. FEDERAL HIGHWAY  
SUITE #219  
POMPANO BEACH, FL 33062

**FEI Number:** 59-3728694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCARPON, MICHAEL C  
7627 LITTLE ROAD  
NEW PORT RICHEY, FL 34654 US

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

SCARPON, MICHAEL C  
950 NO. FEDERAL HIGHWAY  
SUITE #219  
POMPANO BEACH, FL 33062 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:

06/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: SCARPON, MICHAEL C  
Address: 7627 LITTLE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VTD ( ) Delete  
Name: LAYNE, FREDRIC B  
Address: 950 N FEDERAL HWY, STE 219  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: SCARPON, MICHAEL C  
Address: 950 NO. FEDERAL HIGHWAY; SUITE 219  
City-St-Zip: POMPANO BEACH, FL 33062

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL C. SCARPON

PSD

06/01/2005

Electronic Signature of Signing Officer or Director

Date