

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030331

FILED
Feb 18, 2004
Secretary of State

Entity Name: WILLIAMS SPRAY TEXTURES INC.

Current Principal Place of Business:

3435 GRANT RD.
GRANT, FL 32949

New Principal Place of Business:

Current Mailing Address:

3435 GRANT RD.
GRANT, FL 32949

New Mailing Address:

FEI Number: 65-1086134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DEBORAH
3435 GRANT RD.
GRANT, FL 32949

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JEFFREY
Address: 17128 33RD ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: WILLIAMS, DEBORAH
Address: 17128 33RD ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, JEFFREY
Address: 3435 GRANT ROAD
City-St-Zip: GRANT, FL 32949

Title: D (X) Change () Addition
Name: WILLIAMS, DEBORAH
Address: 3435 GRANT ROAD
City-St-Zip: GRANT, FL 32949

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: DEBORAH WILLIAMS

D

02/18/2004

Electronic Signature of Signing Officer or Director

Date