

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000115041**

1. Entity Name

H. D. WILLIAMS BUILDER, INC.



Principal Place of Business

7460 PINE FOREST RD  
PENSACOLA, FL 32526

Mailing Address

7460 PINE FOREST RD  
PENSACOLA, FL 32526



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DERRY W  
7460 PINE FOREST RD  
PENSACOLA, FL 32526

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1111000123823  
04/22/04-80018-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILLIAMS, HAROLD D  
STREET ADDRESS 7462 PINE FOREST ROAD  
CITY - ST - ZIP PENSACOLA, FL 32526

TITLE VD  
NAME WILLIAMS, DERRY W  
STREET ADDRESS 3121 WILDE LAKE BLVD.  
CITY - ST - ZIP PENSACOLA, FL 32526

TITLE TSD  
NAME WILLIAMS, RAYMOND  
STREET ADDRESS 3111 WILDE LAKE BLVD.  
CITY - ST - ZIP PENSACOLA, FL 32526

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Derry W Williams*

*DERRY W WILLIAMS*

*4-20-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #