

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000001195 1. Entity Name WILLIAMS PROFESSIONAL PAINTING & WATERPROOFING, INC.	
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Principal Place of Business 2617 CANAL ROAD MIRAMAR, FL 33025	Mailing Address 2617 CANAL ROAD MIRAMAR, FL 33025
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09062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0008323	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, LAURNA 2617 CANAL ROAD MIRAMAR, FL 33025	DO NOT WRITE IN THIS SPACE
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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 <u><i>Laurna Williams</i></u> LAURNA Williams <u>9/3/05</u> <small>Signature of person or firm named name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, JEPHTA 2617 CANAL ROAD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, LAURNA 2617 CANAL ROAD MIRAMAR, FL 33025
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09/09/05-80004-002 150.00

**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)(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: <u><i>Jeptha Williams</i></u> Jeptha Williams <u>9/3/05</u> <u>954-27-65</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>