## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000010855

Entity Name: WILLIAMS SPECIALITIES, INC.

**FILED** Sep 18, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12742 GLADE SPRINGS DR. SOUTH JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 12742 GLADE SPRINGS DR. SOUTH JACKSONVILLE, FL 32246 FEI Number: 60-0002403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, RICHARD

12742 GLADE SPRINGS DR. SOUTH JACKSONVILLE, FL 32246

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

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition WILLIAMS, RICHARD WILLIAMS, RICHARD L Name: Name: 12742 GLADE SPRINGS DR. SOUTH 12742 GLADE SPRINGS DR. SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246

Title: Title: (X) Change ( ) Addition ( ) Delete Name: WILLIAMS, HEIDI Name: WILLIAMS, HEIDI L

12742 GLADE SPRINGS DR. S. 12742 GLADE SPRINGS DR. S. Address: Address: JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip:

Title: Title: () Delete AS ( ) Change (X) Addition

Name: MAGGERT, JEFFREY P Name: 1926 SUNRISE DR Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICHARD WILLIAMS DP 09/18/2006