

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90771 001 \*1,111.25

**DOCUMENT # P02000021188**

1. Entity Name  
LMC WILLIAMS ROAD, INC.



Principal Place of Business  
33 EAST WALL STREET  
FROSTPROOF, FL 33843

Mailing Address  
33 EAST WALL STREET  
FROSTPROOF, FL 33843

66014541



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1004757

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WILSON, P.T.  
33 EAST WALL STREET  
FROSTPROOF, FL 33843

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | P                      |
| NAME           | WILSON, P.T.           |
| STREET ADDRESS | 100 N PALM AVENUE      |
| CITY-ST-ZIP    | FROSTPROOF, FL 33843   |
| TITLE          | VPS                    |
| NAME           | CRADDOCK, F. HOOD      |
| STREET ADDRESS | 223 LAKE LINK ROAD     |
| CITY-ST-ZIP    | WINTER HAVEN, FL 33884 |
| TITLE          | D                      |
| NAME           | WILSON, CLAYTON G      |
| STREET ADDRESS | 1126 SHORELINE LANER   |
| CITY-ST-ZIP    | WINTER HAVEN, FL 33884 |
| 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)(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: [Signature] F. Hood Craddock 4-29-05 863/635-4804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #