

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

FILED

08 MAY -2 AM 8: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152008

Chg-P

CR2E034 (12/06)

21299 US Hwy 27  
Lake Wales, FL  
33859-6851

P. O. BOX 3737  
Lake Wales, FL  
33859-3737

4. FEI Number  
59-1004757

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

David A. Miller  
21299 US Hwy 27  
Lake Wales, FL 33859-6851

FL Zip Code

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

*David A. Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/2008

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WILSON, P.T.  
122 MOUNTAIN LAKE ESTATES  
LAKE WALES, FL 33853 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CRADDOCK, F. HOOD  
223 LAKE LINK ROAD  
WINTER HAVEN, FL 33884 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
WILSON, CLAYTON G  
65 MOUNTAIN LAKE ESTATES  
LAKE WALES, FL 33853 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
25/6

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*David A. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

863.679.6700

Daytime Phone #