

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041945

Entity Name: S.E. WILLIAMS ELECTRIC, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

1730 SW WILLISTON RD
GAINESVILLE, FL 326084049 US

New Principal Place of Business:

Current Mailing Address:

1730 SW WILLISTON RD
GAINESVILLE, FL 326084049 US

New Mailing Address:

FEI Number: 02-0594673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GARY C PRES
1730 SW WILLISTON RD
GAINESVILLE, FL 326084049 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PRITCHARD, Nanci M TREASUR
Address: 2115 SW 63RD AVE
City-St-Zip: GAINESVILLE, FL 326085439 US

Title: P () Delete
Name: WILLIAMS, GARY C PRES/OW
Address: 1730 SW WILLISTON RD
City-St-Zip: GAINESVILLE, FL 326084049 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: Nanci M PRITCHARD

T

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date