

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000082257 1. Entity Name DEE WILLIAMS INC.		
Principal Place of Business 8730 NORTH TANGERINE PLACE TAMPA, FL 33617	Mailing Address 8730 NORTH TANGERINE PLACE TAMPA, FL 33617	
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">07202004 No Chg-P CR2E034 (10/03)</div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> 4. FEI Number 82-0556281 </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent WILLIAMS, DEVONNA T 8730 NORTH TANGERINE PLACE TAMPA, FL 33617	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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-staffing)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	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.	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILLIAMS, DEVONNA T 8730 NORTH TANGERINE PLACE TAMPA, FL 33617	
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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>Devonna T. Williams</u> DEVONNA T. WILLIAMS 7/10/04 8137666466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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