

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 042 ***150.00

DOCUMENT # P02000083914

1. Entity Name

WILLIAMS BLOCK & BRICK INC



Principal Place of Business

**106 CYPRESS DRIVE
BOSTWICK, FL 32007**

Mailing Address

**PO BOX 485
BOSTWICK, FL 32007**

40041300



DO NOT WRITE IN THIS SPACE

0130207 No Chg-P CR2E034 (11/05)

4. FEI Number

76-0706291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, ISIAH B III
106 CYPRESS DRIVE
BOSTWICK, FL 32007**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	WILLIAMS, ISIAH B III
STREET ADDRESS	106 CYPRESS DR.
CITY - ST - ZIP	BOSTWICK, FL 32007
TITLE	VP
NAME	WILLIAMS, KIMBERLY
STREET ADDRESS	106 CYPRESS DR.
CITY - ST - ZIP	BOSTWICK, FL 32007
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/07

(386)328-3485