


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90248 041 \*\*\*150.00

DOCUMENT # P02000107217 1. Entity Name WILLIAMS WINDOW TREATMENTS, INC.	
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Principal Place of Business 921 BROADWAY DUNEDIN, FL 34698	Mailing Address 921 BROADWAY DUNEDIN, FL 34698
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**DO NOT WRITE IN THIS SPACE**



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0485559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, PAMELA J  
 695 BAYSIDE DR  
 TAMPA, FL 33689

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, PAMELA J 921 BROADWAY DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, ROBERT S 921 BROADWAY DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILLIAMS, TIFFANY 921 BROADWAY DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Pamela Williams* Date: 4/29/04 Daytime Phone #: (727) 738-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR