## 2004 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Feb 11, 2004 08:00 AM DOCUMENT # P02000115226 **Secretary of State** 1. Entity Name WILLIAMS INFORMATION TECHNOLOGY, INC. Principal Place of Business Mailing Address 11788 OTTAWA AVE 11788 OTTAWA AVE ORLANDO, FL 32837 ORLANDO, FL 32837 CR2E034 (10/03) No Chg-P 01102004 DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 04-3720237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILLIAMS, JUDITH M 11788 OTTAWA AVE. ORLANDO, FL 32837 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 DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ------DP TITLE Un0000045780 WILLIAMS, JUDITH M 02/11/04-80077-003 150.00 NAME STREET ADDRESS 11788 OTTAWA AVE ORLANDO, FL 32837 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

idth M. William

Judith M. Williams 2710

(401) 856-4700