

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000131808**

1. Entity Name  
WILLIAMS BROTHERS HAULING, INC.



Principal Place of Business  
202 SHEPPARD STREET  
CANTONMENT, FL 32533

Mailing Address  
202 SHEPPARD STREET  
CANTONMENT, FL 32533



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1863682  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WILLIAMS, DEONNE  
202 SHEPPARD STREET  
CANTONMENT, FL 32533

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000402461

02/09/06-80003-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WILLIAMS, CORRIE W
STREET ADDRESS	202 SHEPPARD STREET
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VSD
NAME	WILLIAMS, DEONNE W
STREET ADDRESS	202 SHEPPARD STREET
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VTD
NAME	WILLIAMS, THEARTHUR JR
STREET ADDRESS	202 SHEPPARD STREET
CITY-ST-ZIP	CANTONMENT, FL 32533
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 #

Corrie Williams

850-393 9907