


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # P03000040424 | |  | |
| 1. Entity Name LEN WILLIAMS, INC. | | | |
| Principal Place of Business 5168 POINT SHORES LANE GULF BREEZE, FL 32561 | | Mailing Address 5168 POINT SHORES LANE GULF BREEZE, FL 32561 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | | 01092007 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 61-1446212 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, LEONARD E 5168 POINT SHORES LANE GULF BREEZE, FL 32561 | | 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 <u>Leonard E Williams</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, LEONARD E 5108 POINT SHORES LN GULF BREEZE, FL 32561 | | |
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| 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: <u>Leonard E Williams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>Jan 29, 2007</u> Daytime Phone # <u>850-437-1920</u> | |

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02/07/07-80067-005 150.00

**DO NOT WRITE
IN THIS SPACE**