

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056739

Entity Name: J.T. WILLIAMS CORPORATION

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

6309 NEWTON CIRCLE, #B2
TAMPA, FL 33615

New Principal Place of Business:

6309 NEWTOWN CIR.
SUITE B2
TAMPA, FL 33615 US

Current Mailing Address:

6309 NEWTON CIRCLE, #B2
TAMPA, FL 33615

New Mailing Address:

6309 NEWTOWN CIR.
SUITE B2
TAMPA, FL 33615 US

FEI Number: 58-2671466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, SCOTT F
200 SOUTH HOOVER BLVD.
BLDG. 201, SUITE 140
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

AARON, STACHOWIAK W
6309 NEWTOWN CIR.
SUITE B2
TAMPA, FL 33615 US

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.

SIGNATURE: AARON STACHOWIAK

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STACHOWIAK, AARON W
Address: 6309 NEWTON CIRCLE, #B2
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STACHOWIAK, AARON W
Address: 6309 NEWTON CIR. SUITE B2
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON STACHOWIAK

D

01/08/2004

Electronic Signature of Signing Officer or Director

Date