

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

*Mailed 1/26/06*  
**FILED**  
**Jan 30, 2006 08:00 AM**  
*CR* Secretary of State

**DOCUMENT # P03000115804**  
 1. Entity Name  
**WILLIAMS & WILLIAMS TRUCKING INC**



Principal Place of Business      Mailing Address  
**658 SPRUCE RD**                      **658 SPRUCE RD**  
**GRACEVILLE, FL 32440**              **GRACEVILLE, FL 32440**

**DO NOT WRITE IN THIS SPACE**



01262006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**55-0849286**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, SHERRI**  
**658 SPRUCE RD**  
**GRACEVILLE, FL 32440**

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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 rebating)      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**

11000007407102  
 02/08/06-80003-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, WAYNE
STREET ADDRESS	858 SPRUCE RD
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	V
NAME	WILLIAMS, SHERRI
STREET ADDRESS	658 SPRUCE RD
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Sherril Williams* *Sherril Williams*    *1/26/06*    *850-263-0013*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #