

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117389

Entity Name: WILLIAMS NURSERY, INC.

FILED  
Apr 08, 2004  
Secretary of State

## Current Principal Place of Business:

1419 FOX RUN DR  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

1419 FOX RUN DR  
TARPON SPRINGS, FL 34689

## New Mailing Address:

P.O.BOX 218  
TARPON SPRINGS, FL 34688

FEI Number: 20-0336855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, ROSEMARIE  
1419 FOX RUN DR  
TARPON SPRINGS, FL 34689

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Change (X) Addition  
Name: WILLIAMS, GARY W  
Address: 1419 FOX RUN DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T/D ( ) Change (X) Addition  
Name: WILLIAMS, GARY W  
Address: 1419 FOX RUN DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V/D ( ) Change (X) Addition  
Name: WILLIAMS, STEVEN  
Address: 1411 FOX RUN DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S/D ( ) Change (X) Addition  
Name: WILLIAMS, ROSEMARIE  
Address: 1419 FOX RUN DR  
City-St-Zip: TARPON SPRINGS, FL 34689

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: GARY W. WILLIAMS

P/D

04/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date