## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P03000126556

LEE WILLIAMS & ASSOCIATES, INC.



Principal Place of Business

6062 DALFORD ROAD PORT ORANGE, FL 32127 Mailing Address

6062 DALFORD ROAD PORT ORANGE, FL 32127

**FILED** Mar 05, 2007 08:00 A Secretary of State



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6. Name and Address of Current Registered Agent

No Chg-P 02252007

CR2E034 (11/05)

4. FEI Number 20-0365972

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

WILLIAMS, ROLAND L SR. 6062 DALFORD ROAD PORT ORANGE, FL FL

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8. The above the obligat	named entity submits this statement for the pulions of registered agent.	rpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Requestered A	nent sinnet ve	recordened when reinstations)	DATE	
Signature, typed or printed name of registered agent and 8tle if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Financia Trust Fund Contribution.</li> </ol>	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			Company of the second of the s	
TITLE	P				• !	
NAME	WILLIAMS, ROLAND L SR.				MARIES AND LESSES SELECTI	
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CITY-ST-ZIP	PORT ORANGE, FL 32127				U0000065\$464	
TITLE	VP			4 1	.,,03/13/07-80107-021 150.00	
NAME	WILLIAMS, ROLAND L JR.			11 4.0		
STREET ADDRESS	4040 ORIOLE AVENUE			1 5 Eu/ 1		
CITY-ST-ZIP	WILBUR BY THE SEA, FL 32127					
TITLE	SEC			الرابعا إسيا	to have been a series of the s	
NAME	LEFRINGHOUSE, NICK		•	A. Than		
STREET ADDRESS	409 HERBERT STREET			$\mathbf{D}\mathbf{O}$	NOT WOITE	
CITY-ST-ZiP	PORT ORANGE, FL 32128			שַער י	NOT WRITE	
TITLE	TR	·		IN	THIS SPACE	
NAME	WILLIAMS, CYNTHIA K			# 1 M · ·	TING GRACE	
STREET ADDRESS	6062 DALFORD ROAD					
CITY-ST-ZIP	PORT ORANGE, FL 32127		9 *,1	· · · · · · · · · · · · · · · · · · ·	Carlot of the state of the state of the state of	
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CITY-ST-ZIP	•					

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP