


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000128153	
1. Entry Name TIM WILLIAMS GRADING, INC.	

Principal Place of Business 3975 GLASSMAN ROAD ST. CLOUD, FL 34772	Mailing Address 3975 GLASSMAN ROAD ST. CLOUD, FL 34772
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DO NOT WRITE IN THIS SPACE



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0346476	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, TIMOTHY J 3975 GLASSMAN ROAD ST. CLOUD, FL 34772
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**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 _____ Signature of person or firm name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES WILLIAMS, TIMOTHY J 3975 GLASSMAN ROAD ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SHAR COMISKEY, SCOTT M 3278COUNTRY SIDE VIEW DRIVE ST. CLOUD, FL 34772
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02/07/05-00035-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tim Williams **Tim Williams** 2/4/05 407-908-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #