2004 FOR PROFIT CORPORATION ANNUAL REPORT

| AITHOP | T IVE: OIV: | | - · |
|--|--|--|---|
| DOCUMENT # P03000137364 1. Entity Name LAMONT WILLIAMS INC | | | FILED |
| : | | - T | 04 APR 30 AM 8 37 |
| Principal Place of Business 616 GORE AVE TALLAHASSEE, FL 32310 | Mailing Address 616 GORE AVE TALLAHASSEE, FL 32310 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
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| 2. Principal Place of Business | 3. Mailing Address | | - |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 04302004 Chg-P CR2E034 (10/03) |
| City & State | City & State - | | 4. FEI Number Applied For . Not Applied For . Not Applied For . |
| Zip Country | Zip C | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| 6. Name and Address of Curr | ent Registered Ager | | 7. Name and Address of New Registered Agent |
| | | Name | |
| BENFIELD, RON | | Street Address | (P.O. Box Number is Not Acceptable) |
| · · · · · · · · · · · · · · · · · · · | | City | — 1 70 Code |
| | | City | FL Zip Code |
| The above named entity submits this statement the obligations of registered agent. | nt for the purpose of changing its regi | stered affice or registe | ered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered a | great and title if applicable (NOTE Rec | stered Agent signature require | d when reinstating) DATE- |
| orgitatione, types of printed frame of legistered a | gent and the happingable. (NOTE: Neg | Stereo Agent Signature require | n 7 A S |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$55 | 9. Election Campaign F Trust Fund Contribut | | 5.00 May Be ded to Fees |
| 10. OFFICERS A | ND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE P | Delete | TITLE | Change Addition |
| NAME WILLIAMS, LAMONT STREET ADDRESS 1961 PC | EN CHATTE | NAME STREET ADDRESS | |
| CITY-ST-ZIP TALLAHASSEE, FL 92910 7 | A11.FL.32303 | CITY-ST-ZIP | • |
| TITLE | □ Delete | TITLE · | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | E00026050156 |
| CITY-ST-ZIP | | CITY-ST-ZIP | 600036050156 05/11/0401032021 **150.00 |
| TITLE NAME | ☐ Delete | TITLE NAME | . Change Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | _ ***** | NAME | · - |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | Change Addition |
| NAME STREET ADDRESS | | NAME Street adoress | |
| CITY-ST-ZIP | □ Delete | CITY-ST-ZIP . | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ù ∪elele | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| 12. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee changed, or on an attackment with an additional content of the corporation of the receiver of the corporation of the receiver of the corporation of the corp | with this filing does not qualify for the own is true and accurate and that mysis impowered to execute this report as r ass, with all other life empowered. | exemption stated in Signature shall have the earlied by Chapter 60 | section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 77. Florida Statutes; and that my name appears in Block 10 or Block 11 if |