



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000140413</b> 1. Entity Name WILLIAMS LAND SERVICE INC	
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Principal Place of Business 46955 STATE RD 64 EAST MYAKKA CITY, FL 34251	Mailing Address P.O. BOX 279 ONA, FL 33865
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<b>DO NOT WRITE IN THIS SPACE</b>
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04102008 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-0234801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HAWKINS, JOHN D 1023 MANATEE AVENUE WEST BRADENTON, FL 34205
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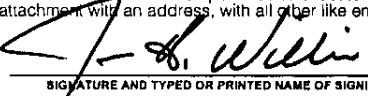
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WILLIAMS, JAMES H PO BOX 279 ONA, FL 33865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVARADO, MANUEL 430 DADE ST. BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REDMON, MELANIE 40910-SR 64 EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000928734 05/21/08-80039-024 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  <b>JAMES WILLIAMS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-25-08</b> <small>Date Daytime Phone #</small>