## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## Mar 17, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000144338 R. T. WILLIAMS CONSTRUCTION, INC. Principal Place of Business \_\_\_\_ Mailing Address 22387 WHITMAN RD 22387 WHITMAN RD BROOKSVILLE, FL 34608 BROOKSVILLE, FL 34608 No Chg-P 03142005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2417380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, ROGER T JR DO NOT WRITE 22387 WHITMAN RD BROOKSVILLE, FL 34608 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PRES WILLIAMS, ROGER T PRES NAME STREET ADDRESS 22287 WHITMAN RD CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE NAME U00000266076 03/17/05-80016-004 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

352-650-91