

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90164 036 \*\*\*150.00

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| <b>DOCUMENT # P03000157267</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                                                                                                     |                |                                   |
| 1. Entity Name<br><b>WILLIAMSON CONSRUCTION ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             |                                                                                                                     |                                                                                                 |                                   |
| Principal Place of Business<br><b>3421 OAKTREE LN<br/>PACE FL 32571</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | Mailing Address<br><b>3421 OAKTREE LN<br/>PACE FL 32571</b> |                                                                                                                     |                                                                                                 |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 3. Mailing Address                                          |                                                                                                                     |                                                                                                 |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | Suite, Apt. #, etc.                                         |                                                                                                                     |                                                                                                 |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | City & State                                                |                                                                                                                     | 4. FEI Number<br><b>51-0497676</b>                                                              |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country            | Zip                                                         | Country                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent<br><b>WILLIAMSON, JOHN T<br/>3421 OAKTREE LN<br/>PACE FL 32571</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             |                                                                                                                     | 7. Name and Address of New Registered Agent                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                                                                                                     | Name                                                                                            |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                                                                                                     | Street Address (P.O. Box Number is Not Acceptable)                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                                                                                                     | City                                                                                            |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                                                                                                     | <b>FL</b>                                                                                       | Zip Code                          |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                             |                                                                                                                     |                                                                                                 |                                   |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                             |                                                                                                                     |                                                                                                 |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                 |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                  | <input type="checkbox"/> Delete                             | TITLE                                                                                                               | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WILLIAMSON, JOHN T |                                                             | NAME                                                                                                                |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3421 OAKTREE LN    |                                                             | STREET ADDRESS                                                                                                      |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PACE FL 32571      |                                                             | CITY-ST-ZIP                                                                                                         |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> Delete                             | TITLE                                                                                                               | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | NAME                                                                                                                |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             | STREET ADDRESS                                                                                                      |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | CITY-ST-ZIP                                                                                                         |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> Delete                             | TITLE                                                                                                               | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | NAME                                                                                                                |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             | STREET ADDRESS                                                                                                      |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | CITY-ST-ZIP                                                                                                         |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> Delete                             | TITLE                                                                                                               | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | NAME                                                                                                                |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             | STREET ADDRESS                                                                                                      |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | CITY-ST-ZIP                                                                                                         |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> Delete                             | TITLE                                                                                                               | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | NAME                                                                                                                |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             | STREET ADDRESS                                                                                                      |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | CITY-ST-ZIP                                                                                                         |                                                                                                 |                                   |
| 12. I hereby certify that the information supplied with this filing 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             | 4-23-4 850 994 3873                                                                                                 |                                                                                                 |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             | Date Daytime Phone #                                                                                                |                                                                                                 |                                   |

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MOORE CR2E034 (11/03)