


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90001 039 \*\*\*150.00

<b>DOCUMENT # P03000158000</b>	
1. Entity Name <b>ROBERT WILLIAMS BUILDERS, INC.</b>	

Principal Place of Business <b>3342 WILLIAMSWOOD DR PACE, FL 32571</b>	Mailing Address <b>3342 WILLIAMSWOOD DR PACE, FL 32571</b>
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04062312

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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07122004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>20-0653827</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WILLIAMS, ROBERT O 3342 WILLIAMSWOOD DR PACE, FL 32571</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WILLIAMS, ROBERT O 3342 WILLIAMSWOOD DR PACE, FL 32571</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WILLIAMS, CAROL 3342 WILLIAMSWOOD DR PACE, FL 32571</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Robert O. Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-04 850 994 3782  
Date Daytime Phone #

*Attachment*

*54062312*  
*# P03000158000*

ROBERT WILLIAMS, BUILDER INC.  
3342 Williamswood Dr.  
Pace, Fl. 32571

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P. O. Box 6327  
Tallahassee, Florida 32314

TO: DIVISION OF CORPORATIONS

Enclosed is my check in the amount of \$150.00 for the re-newal of Robert Williams, Builder, Inc. for the annual report.

No annual report application was received, a NOTICE OF INTENT TO DISSOLVE Was the one and only document we have received on July 10, 2004.

Our accountant printed us the copy of the annual report online. We are sending this Overnight delivery. If you have any questions, please call us at (850) 994-3782.

Thank you very much.

*Robert Williams*

Robert Williams, Builder, Inc.