
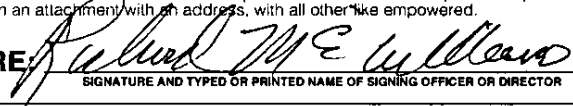


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90297 009 ***150.00

DOCUMENT # P04000014445					
1. Entity Name RICHARD MCWILLIAMS, INC.					
Principal Place of Business 39725 AMBER AVE CRYSTAL SPRINGS, FL 33524			Mailing Address P.O. BOX 427 CRYSTAL SPRINGS, FL 33524		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0558112	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCWILLIAMS, RICHARD A 39725 AMBER AVE CRYSTAL SPRINGS, FL 33524			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCWILLIAMS, RICHARD A 39725 AMBER AVE CRYSTAL SPRINGS, FL 33524		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Richard A. McWilliams 39725 Amber Avenue Crystal Springs, FL 33524	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Patricia McWilliams 39725 Amber Avenue Crystal Springs, FL 33524	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [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 			4.12.05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					