


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90222 008 \*\*\*150.00

20061393



<b>DOCUMENT # P04000031750</b>						
1. Entity Name KEITH & MARGARET WILLIAMS, INC.						
Principal Place of Business 1905 HARLOCK ROAD MELBOURNE, FL 32935			Mailing Address 1905 HARLOCK ROAD MELBOURNE, FL 32935			
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 20-0710857				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
WILLIAMS, KEITH R 1905 HARLOCK ROAD MELBOURNE, FL 32935			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		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	D,P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, KEITH R		NAME			
STREET ADDRESS	1905 HARLOCK ROAD		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP			
TITLE	D,VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MARGARET A		NAME			
STREET ADDRESS	1905 HARLOCK ROAD		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	THOMAS A. WILLIAMS		
STREET ADDRESS			STREET ADDRESS	134 DONNA RD NE		
CITY-ST-ZIP			CITY-ST-ZIP	PALM BAY, FL 32909		
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: <i>Keith Williams</i>			6-29-05 321-253-1081			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			

**MICHAEL A. SANTORE**  
**ACCOUNTING & INCOME TAX SERVICE**

ATTACHMENT  
20061393  
#P04000031750

June 29, 2005

Division of Corporations  
P.O. box 6327  
Tallahassee, FL 32314

To whom it may concern:

I am writing this letter on behalf of Keith & Margaret Williams, Inc., they are first time business owners and were not aware of some of the deadlines that the state requires. They did not know that they were required to file their annual report before May 1, 2005. It is requested that due to their lack of knowledge of state filings that there corporation be reinstated without penalty. I am enclosing the necessary form along with a check for \$150.00. Thank you for your consideration.

Sincerely,

