

2005/

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000033060

1. Entity Name
P.J. WILLIAMS, INC.Principal Place of Business
7051 TALLOW THREE RD.
SANFORD, FL 32771Mailing Address
7051 TALLOW THREE RD.
SANFORD, FL 327712. Principal Place of Business
7051 TALLOW TREE RD
Suite, Apt. #, etc.3. Mailing Address
7051 TALLOW TREE RD
Suite, Apt. #, etc.City & State
SANFORD, FL 32771City & State
SANFORD FLZip
32771Country
USAZip
32771Country
USA

01252006

Chg-P

CR2E034 (11/05)

4. FEI Number
37-1486851

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMBE, PATRICK H
7051 TALLOW T REE RD.
SANFORD, FL 32771

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JAMBE, PATRICIA M
STREET ADDRESS 7051 TALLOW THREE RD.
CITY-ST-ZIP SANFORD, FL 32771TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME JAMBE, PATRICIA M
STREET ADDRESS 7051 TALLOW TREE RD
CITY-ST-ZIP SANFORD, FL 32771TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100066686681
02/27/06--01012--002 **300.00TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SP 2/16/06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #