2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005
Secretary of State

DOCUMENT# P04000038679

Entity Name: WILLIAM WILLIAMS CARPENTRY, INC

Current Principal Place of Business:

824 COELMAN AVENUE
DELTONA, FL 32725

New Principal Place of Business:

504 CHEROKEE CIRCLE
SANFORD, FL 32703

Current Mailing Address:

824 COELMAN AVENUE
DELTONA, FL 32725

New Mailing Address:

504 CHEROKEE CIRCLE
SANFORD, FL 32703

FEI Number: 20-0822797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAN
824 COELMAN AVENUE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

WILLIAMS, WILLIAM
504 CHEROKEE CIRCLE
SANFORD, FL 32703 US

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.

SIGNATURE: WILLIAM WILLIAMS 08/23/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: WILLIAMS, WILLIAM
Address: 824 COELMAN AVENUE
City-St-Zip: DELTONA, FL 32725

Title: D (X) Delete
Name: WILLIAMS, WILLIAM
Address: 824 COELMAN AVENUE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, WILLIAM
Address: 504 CHEROKEE CIRCLE
City-St-Zip: SANFORD, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM WILLIAMS D 08/23/2005
Electronic Signature of Signing Officer or Director Date