2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068542

1. Entity Name
C.R. WILLIAMSON INCORPORATED

Principal Place of Business	Mailing Address
5141 HERON PLACE COCONUT CREEK, FL 33073 US	5141 HERON PLACE COCONUT CREEK, FL 33073 US

DO NOT WRITE IN THIS SPACE

02062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
27-0092774	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMSON, CHARLES R
5141 HERON PLACE
COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

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 _X Charles R. Williamson_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

DATE _2/25/06_

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000448970
03/09/06-80035-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	WILLIAMSON, CHARLES R
STREET ADDRESS	5141 HERON PLACE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _X Charles R. Williamson_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _2/25/06_

Daytime Phone #