


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90022 048 ***150.00

DOCUMENT # P04000082551
 1. Entity Name
JAMES A. WILLIAMS, BUILDER, INC.



Principal Place of Business Mailing Address
345 2ND AVENUE LABELLE, FL 33935 **6740 CLARENCE WILLIAMS WAY ANDERSON, AL 35610**

2. Principal Place of Business - No P.O. Box #
201 Church Way
 Suite, Apt. #, etc.

3. Mailing Address
 City & State
LaBelle, FL
 Zip Country
33935 USA



03142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
WILLIAMS, JAMES A
325 2ND AVENUE LABELLE, FL 33935

7. Name and Address of New Registered Agent
 Name **Williams, James A.**
 Street Address (P.O. Box Number is Not Acceptable)
201 Church Way
 City **LaBelle** State **FL** Zip Code **33935**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$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	PST WILLIAMS, JAMES A 325 2ND AVENUE LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Williams, James A 201 Church Way LaBelle, FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James A. Williams **JAMES A. WILLIAMS PST** 4-12-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #