

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122656

FILED
Apr 27, 2005
Secretary of State

Entity Name: PROPERTY MAINTENANCE BY WILLIAMS, INC.

Current Principal Place of Business:

5634 ISABEL DR
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

6406 MERRILL ROAD
D
JACKSONVILLE, FL 32277 US

Current Mailing Address:

P.O. BOX 19623
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 20-1532622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SONNY L SR.
5634 ISABEL DR
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, SONNY L SR
Address: P.O. BOX 19623
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP () Delete
Name: GOUGE, MARVIN
Address: P.O. BOX 19623
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S () Delete
Name: WILLIAMS, ANNA K
Address: P.O. BOX 19623
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WILLIAMS, SONNY JR
Address: P.O. BOX 19623
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP (X) Change () Addition
Name: GOUGE, MARVIN D
Address: P.O. BOX 19623
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S () Change (X) Addition
Name: WILLIAMS, ANNA K
Address: P.O. BOX 19623
City-St-Zip: JACKSONVILLE, FL 32246 US

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: SONNY LEE WILLIAMS, SR

P

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date