

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000163504

Entity Name: S & J WILLIAMS, INC.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2 HUDSON COVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

2 HUDSON COVE  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 20-1963794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

2 HUDSON COVE  
LONGWOOD, FL 32750 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: WILLIAMS, JO  
Address: 2 HUDSON COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: VTD  
Name: WILLIAMS, SCOTT  
Address: 2 HUDSON COVE  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: JO WILLIAMS

PSD

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date