

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165772

FILED  
Sep 13, 2007  
Secretary of State

Entity Name: WILLIAMS EXCAVATING SERVICE, INC.

**Current Principal Place of Business:**

5293 58TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

5293 58TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 US

**New Mailing Address:**

FEI Number: 20-1991274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, DOLORES I  
5293 58TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 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

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: P ( ) Delete  
Name: WILLIAMS, DOLORES I  
Address: 5293 58TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709 US

Title: VP ( ) Delete  
Name: WILLIAMS, RAY A  
Address: 5293 58TH AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33709 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOLORES WILLIAMS

Electronic Signature of Signing Officer or Director

OWNE

09/13/2007

Date