


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUN 12 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000085852					
1. Entity Name WILLIAMS PAINTING SERVICE, INC.					
Principal Place of Business 3528 BRAN COURT WEST JACKSONVILLE, FL 32277			Mailing Address 3528 BRAN COURT WEST JACKSONVILLE, FL 32277		
2. Principal Place of Business 6214 ARLINGTON RD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State JACKSONVILLE		City & State SAME		4. FEI Number 593811918	
Zip 32211		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, GERALD A 3528 BRAN COURT WEST JACKSONVILLE, FL 32277			7. Name and Address of New Registered Agent Name: ROWLAND V. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 1125-1 CERY BLVD City: JACKSONVILLE FL Zip Code: 32211		
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: <u>Rowland V. Williams</u> DATE: 06-12-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRCEPT WILLIAMS, GERALD A 3528 BRAN COURT WEST JACKSONVILLE, FL 32277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S WILLIAMS, GAZLE 3528 BRAN COURT WEST JAX FL 32277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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	
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: <u>Gerald A. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			06-12-06 904-333-7958 <small>Date Daytime Phone #</small>		

6/12/20