


FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90034 045 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000001913 1. Entity Name BEN WILLIAMS, INC.	
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40115400



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 15-4319301 13-4319301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILLIAMS, BEN 1878 E. 9 MILE RD. #412 PENSACOLA, FL 32514
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BEN 1878 E. 9 MILE RD. #412 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C,P WILLIAMS, BEN 1878 E. 9 MILE RD. #412 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S WILLIAMS, BEN 1878 E. 9 MILE RD. #412 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Ben Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07
Date

Daytime Phone #