

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-17-2007 90034 045 ***150.00

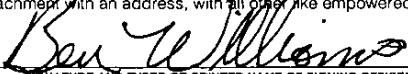
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DOCUMENT # P06000001913		
1. Entity Name BEN WILLIAMS, INC.		
Principal Place of Business 1878 E. 9 MILE RD. #412 PENSACOLA, FL 32514 US	Mailing Address 1878 E. 9 MILE RD. #412 PENSACOLA, FL 32514 US	
DO NOT WRITE IN THIS SPACE		

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

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DO NOT WRITE IN THIS SPACE
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		
<p>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.</p> <p>SIGNATURE: </p> <p>4/30/07</p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p>Daytime Phone #</p>		