## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2007 8:00 am Secretary of State

Daytime Phone #

1. Entity Name # P060006240					05-02-2007 90101 032 ***150.00	
WILLIAMS AND WILI	LIAMS ENTERPRIS	ES DBA PROFESSIO	NAL POC			
DO N	IOT WRIT	E IN THIS	SPA	CE	40101243	
2. Principal Place of 10242 MANORVILLE		3. Mailing Address			1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State JACKSONVILLE, FL		City & State			4. FEI Number Applied For 20-4189173 Not Applicable	
Zip 32221	Country USA	Zip	Co	ountry	5. Certificate of Status Desired	\$8.75 Additional
	100/1				me and Address of Current Reg	
DO NOT WRITE				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
	N THIS S	PACE				
				City	FL	Zip Code
8. The above name	d entity submits this	statement for the purp	ose of ch	anging its regi	istered office or registered agent,	or both, in the
State of Florida. I	am tamiliar with, an	d accept the obligation	ns of regis	stered agent.		
Signat		of registered agent and title	if applicable	. (NOTE: Regis	stered Agent signature required when reinsta	ting) DATE
	- May 1 Fee is \$15					
After May 1, Fee is \$550.00 Amended UBR is \$61.25					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payabl			1 22			
10.	President CEO	AND DIRECTORS	11.	7 =		
NAME	Spencer E. William	ne	TIT	ME		
STREET ADDRESS	10242 Manorville I			REET ADDRES:	e	
CITY-ST-ZIP	Jacksonville, FL 3			Y-ST-ZIP	8	
TITLE	VicePresident CFC		TIT			
NAME	Linda G. Williams	•		ME		
STREET ADDRESS	10242 Manorville [	Orive4		REET ADDRES	s l	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE				LE		
NAME				ME		
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TITLE			TIT			····
NAME			NA.	ME	IN THIS S	PACE
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CITY-ST-ZIP			CIT	Y-ST-ZIP	•	
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NAME			NA.	ME		
STREET ADDRESS		•	1	REET ADDRESS	s	
CITY-ST-ZIP	<u> </u>		CIT	Y-ST-ZIP		
12. I hereby certify that	the information supplie	d with this filing does not	t qualify for	the exemption s	stated in Section 119.07(3)(i), Florida	Statutes. I further
certify that the inforr	nation indicated on this	report or supplemental	report is tri	ue and accurate	and that my signature shall have the	same legal effect
as if made under oa	th; that I am an officer	or director of the corpora	tion or the	receiver or trust	ee empowered to execute this report	as required by
Chapter 607, Florida	a Statutes; and that my	name appears in Block	10 or on a	n attachment wit	h an address, with all other like empor	vered.