


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90027 022 \*\*\*150.00

<b>DOCUMENT # P06000070191</b> 1. Entity Name <b>DANNY WILLIAMS SERVICES INC</b>			
Principal Place of Business <b>2619 RIDGETOP WAY</b> <b>VALRICO, FL 33594</b>		Mailing Address <b>219 CHARDONNAY PL</b> <b>VALRICO, FL 33594</b>	
2. Principal Place of Business - No P.O. Box # <b>2619 Ridgetop Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>2619 Ridgetop Way</b> Suite, Apt. #, etc.	
City & State <b>VALRICO, FL</b> Zip <b>33594</b> Country <b>US</b>		City & State <b>VALRICO, FL</b> Zip <b>33594</b> Country <b>US</b>	
4. FEI Number <b>20-4922494</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRUCE, JOSEPH</b> <b>219 CHARDONNAY PL</b> <b>VALRICO, FL 33594</b>		7. Name and Address of New Registered Agent  Name <b>DANIEL WILLIAMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2619 Ridgetop Way</b> City <b>VALRICO</b> FL <b>33594</b>	
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><i>Danny Williams</i></u> <u><i>DANIEL WILLIAMS</i></u> P 05/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>WILLIAMS, DANIEL</b> <b>2619 RIDGETOP WAY</b> <b>VALRICO, FL 33594</b> <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	<b>VPS</b> <b>BRUCE, JOSEPH</b> <b>219 CHARDONNAY PL</b> <b>VALRICO, FL 33594</b> <input checked="" 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
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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><i>Danny Williams</i></u> <u><i>DANIEL WILLIAMS</i></u> 5/18/07 813-643-2662 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			