

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-23-2007 90279 010 \*\*\*150.00

DOCUMENT # P06000096455



1. Entity Name  
A. WILLIAMS TRUCKING, INC.

Principal Place of Business  
1504 6TH AVE. EAST  
PALMETTO, FL 34221

Mailing Address  
1504 6TH AVE. EAST  
PALMETTO, FL 34221

2. Principal Place of Business - No P.O. Box #  
PO Box 446

3. Mailing Address  
PO Box 446

Suite, Apt. #, etc.  
F-1.

City & State  
Palmetto

Zip  
34220

Country  
Florida

Zip  
34220

Country  
Florida

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

FL Zip Code

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 \_\_\_\_\_

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	PSTD WILLIAMS, ANTHONY L SR. 1504 6TH AVE. EAST PALMETTO, FL 34221	<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: Anthony Williams Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07 (441)  
692-1352

Date

Daytime Phone #