

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-27-2007 90018 028 ***158.75

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DOCUMENT # P06000125931 1. Entity Name WILLIAMS ENTERPRISES OF TAMPA BAY, INC.					
Principal Place of Business 4915 WEST CYPRESS STREET TAMPA, FL 33607 US			Mailing Address 4915 WEST CYPRESS STREET TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2216478	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STRATTON LAW GROUP 611 WEST AZEELE STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Michael E. Williams Street Address (P.O. Box Number is Not Acceptable) 4915 West Cypress Street City Tampa FL Zip Code 33607	
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 Michael E. Williams 03/23/07 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. D Michael E. Williams 4915 West Cypress St Tampa, FL 33607 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: MICHAEL E. WILLIAMS SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR			2/21/07 (813) 637-8877 Date Daytime Phone #		