2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P07000100442

Entity Name: WILLIAMS COMPANY TAMPA

Current Principal Place of Business:

2301 SILVER STAR ROAD
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2301 SILVER STAR ROAD
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 26-0869181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVE STE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

LIPSCOMB, ROBERT W PRES
2301 SILVER STAR ROAD
ORLANDO, FL 32804 US

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.

SIGNATURE: ROBERT W LIPSCOMB 01/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, BRUCE E
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: WILLIAMS, ALAN R
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

Title: P ( ) Delete
Name: LIPSCOMB, ROBERT W
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete
Name: THOMAS-LOWERY, JANICE M
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete
Name: SHANNON, RICHARD K
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COTB (X) Change ( ) Addition
Name: WILLIAMS, BRUCE E
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

Title: CEO (X) Change ( ) Addition
Name: WILLIAMS, ALAN R
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

Title: PRES (X) Change ( ) Addition
Name: LIPSCOMB, ROBERT W
Address: 2301 SILVER STAR ROAD
City-St-Zip: ORLANDO, FL 32804

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE M THOMAS-LOWERY VP 01/06/2009
Electronic Signature of Signing Officer or Director Date