2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128923

Entity Name: J.R. WILLIAMS & ASSOCIATES, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1580 N. MONORE ST UNIT C001 3507 N. MONORE ST UNIT D

TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

P.O. BOX 4194

TALLAHASSEE, FL 32315-419 US

FEI Number: 39-2072117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, JACQUELINE
1580 N. MONROE STREET
UNIT C001
TALLAHASSEE, FL 32303 US

WILLIAMS, JACQUELINE
3507 N. MONROE STREET
UNIT D
TALLAHASSEE, FL 32303 US

TALLAHASSEE, FL 32303 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: 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 WILLIAMS, JACQUELINE

 Address:
 1580 N. MONROE STREET, C-001

 City-St-Zip:
 TALLAHASSEE, FL 32303 US

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, JACQUELINE
Address: 3507 N. MONROE STREET, C-001
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP () Change (X) Addition

Name: WILLIAMS, AL R JR.
Address: 4130 N. MISSION ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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: JACQUELINE WILLIAMS PRES 04/15/2009