

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000050931

FILED  
Feb 02, 2010  
Secretary of State

Entity Name: A.C. WILLIAMS SECURITY INC.

**Current Principal Place of Business:**

5232 NW 94TH TER  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

5232 NW 94TH TER  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 65-1001954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, ANTHONY C  
5232 NW 94TH TER  
SUNRISE, FL 33351      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, ANTHONY C  
Address: 5232 NW 94TH TER  
City-St-Zip: SUNRISE, FL 33351

Title: D  
Name: WILLIAMS, GAIL  
Address: 5232 NW 94TH TER  
City-St-Zip: SUNRISE, FL 33351

Title: D  
Name: JOHNSON, BRIAN  
Address: 10211 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY C. WILLIAMS

PD

02/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date