

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000010753

**FILED**  
**Dec 14, 2011**  
**Secretary of State**

**Entity Name:** WILLIAMSON & SONS TORTOISE REMOVAL, INC.

**Current Principal Place of Business:**

4290 WALKER LAKE ROAD  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 804  
BOWLING GREEN, FL 33834

**New Mailing Address:**

**FEI Number:** 27-1836670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMSON, ELIZABETH  
4290 WALKER LAKE ROAD  
BARTOW, FL 33830 US

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

WILLIAMSON, CINDY A  
1306 HICKORY LN S  
FT MEADE, FL 33841 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: CINDY WILLIAMSON

12/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMSON, GRADY L SR  
Address: 4290 WALKER LAKE ROAD  
City-St-Zip: BARTOW, FL 33830

Title: VPST  
Name: WILLIAMSON, DARRELL D  
Address: POST OFFICE BOX 751  
City-St-Zip: ARCADIA, FL 34265

Title: SEC  
Name: CARRIER, CINDY A  
Address: 1306 HICKORY LANE S  
City-St-Zip: FORT MEADE, FL 33841

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: GRADY WILLIAMSON SR

P

12/14/2011

Electronic Signature of Signing Officer or Director

Date