

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 A
Secretary of State

DOCUMENT # P92000011761

1. Entity Name
WILLIAMS FAMILY GENERAL PARTNER, INC.



Principal Place of Business
**P.O. BOX 551153
JACKSONVILLE, FL 32255 US**

Mailing Address
**P.O. BOX 551153
JACKSONVILLE, FL 32255 US**

DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3155218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, TOUSEY, LEAS & BALL, P.A.
818 NORTH A1A - SUITE 104
PONTE VEDRA BEACH, FL 32082**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	ANDERSON, NANCY D
STREET ADDRESS	P.O. BOX 551153
CITY-ST-ZIP	JACKSONVILLE, FL 32255
TITLE	PTD
NAME	WILLIAMS, DAVID E JR
STREET ADDRESS	4707 SKIMMER WAY SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80077-010 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nancy Dee Anderson

2/14/08

904-396-5965