

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000017340

1. Entity Name
DOUGLAS J. WILLIAMS, INC.



Principal Place of Business
7139 N. BRENTWOOD RD.
FORT MYERS, FL 33919-6801 US

Mailing Address
7139 N. BRENTWOOD RD.
FORT MYERS, FL 33919-6801 US

**FILED
May 01, 2006 08:00 AM
Secretary of State**



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0390151	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, DOUGLAS J
7139 N. BRENTWOOD RD.
FT. MYERS, FL 33919

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000556454
05/17/06-80009-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, DOUGLAS J 7139 N. BRENTWOOD RD. FORT MYERS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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

Douglas J. Williams

4/27/06 *239*
940-9200

Date

Daytime Phone #

PRESIDENT