

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90011 011 ***150.00

DOCUMENT # P93000054680

1. Entity Name
WILLIAMS PAINTERS, INC.



Principal Place of Business
**2927 WAREHAM CT
WEST PALM BEACH, FL 33414**

Mailing Address
**2927 WAREHAM CT
WEST PALM BEACH, FL 33414**

34054790

2. Principal Place of Business
2927 WAREHAM COURT
Suite, Apt. #, etc.
WELLINGTON
City & State
FLORIDA

3. Mailing Address
2927 WAREHAM CT
Suite, Apt. #, etc.
WELLINGTON
City & State
FLORIDA



05112004 Chg-P CR2E034 (10/03)

Zip
33414 Country
FLORIDA

Zip
33414 Country
FLORIDA

4. FEI Number
65-0429632 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILLIAMS, DENZIL R
2927 WAREHAM CT
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DENZIL R 2927 WAREHAM CT WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILLIAMS, COLLEEN A 2927 WAREHAM CT WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DENZIL R. WILLIAMS *[Signature]* **May 16/2004** **561-9140170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #