


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000039431
 1. Entity Name
WILLIAMS PROFESSIONAL SERVICES, INC.



Principal Place of Business 4013 WOODVILLE HWY STE D TALLAHASSEE, FL 32305	Mailing Address 3014 KEVIN ST TALLAHASSEE, FL 32301 US
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02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3314676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAMS, RAYMOND T SR
 1020 BOB WHITE DR
 TALLAHASSEE, FL 32310

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000083427
 03/10/04-80038-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, RAYMOND T SR 1020 BOB WHITE DR TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, RAYMOND J R 3014 KEVIN ST TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, BRENT J 2434 EARGLE RD CHARLOTTE, NC
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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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: Raymond Williams Sr **3-8-04 (80) 878-1961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #