


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 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

**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3314676

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, RAYMOND T SR  
 1020 BOB WHITE DR  
 TALLAHASSEE, FL 32310

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

100000443718  
 03/06/06-80021-023 150.00

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	

**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 IKA empowered.

SIGNATURE: Raymond Williams Sr Raymond Williams Jr 3-20-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #