


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000039431

1. Entity Name
WILLIAMS PROFESSIONAL SERVICES, INC.



FILED

06 NOV 22 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4013 WOODVILLE HWY STE D TALLAHASSEE, FL 32305	Mailing Address 3014 KEVIN ST TALLAHASSEE, FL 32301 US
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11222006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3314676	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

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

7. Name and Address of New Registered Agent

Name **WILLIAMS, RAYMOND JR**
Street Address (P.O. Box Number is Not Acceptable)
3014 KEVIN ST
City **TALLAHASSEE** FL Zip Code **32301**

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 Raymond Williams Jr DATE 11-23-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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	PD WILLIAMS, RAYMOND T SR <input checked="" type="checkbox"/> Delete 1020 BOB WHITE DR TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, RAYMOND JR <input type="checkbox"/> Delete 3014 KEVIN ST TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, BRENT J <input type="checkbox"/> Delete 2434 EARGLE RD CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
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 100082210451 12/01/06--01043--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAMS, RAYMOND JR 3014 KEVIN ST TALLAHASSEE, FL 32301
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 11/22/06

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: Raymond Williams Jr DATE 11-23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #