

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-08-2004 90206 029 ***150.00

P96000015710

DOCUMENT # P96000015710

1. Entity Name

WILLIAMS RESORT SERVICES, INC.



FILED

04 OCT 25 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)

Principal Place of Business
712 ROYAL PALM RD
PANAMA CITY FL 32408
US

Mailing Address
712 ROYAL PALM RD
PANAMA CITY FL 32408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3364735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, SHANE
712 ROYAL PALM RD.
PANAMA CITY FL 32408

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WILLIAMS, SHANE
STREET ADDRESS 1006 WILDWOOD RD
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

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:

Shane Williams SHANE WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dear Mr. Tyrone Scott,

I. SHANE WILLIAMS DID NOT RECEIVE
THE CORPORATION FILING LETTER TILL AFTER MAY
1st. I HAVE BEEN INCORPORATED SINCE 1996.
MY ACCOUNTANT HAS BEEN VERY BUSY AND DUE
TO THE HURRICANES THAT AFFECTED FLORIDA I DID NOT
RECEIVE IT BACK UNTIL I SENT IT IN. DIVISION
OF CORPORATIONS DID HOWEVER CASH MY CHECK FOR
150. PLEASE TAKE THIS LETTER IN CONSIDERATION
OF THE PENALTY AS I AM A 1 EMPLOYEE CORP.
IF YOU NEED TO SPEAK TO ME DIRECTLY PLEASE
CALL 850.960.0298

Sincerely THANK YOU

SHANE WILLIAMS

WILLIAMS RESORT SERVICES INC
712 Royal Palm Rd
PANAMA CITY BCH, FL 32408
850.960.0298.