


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000104331	
1. Entity Name BILL C. WILLIAMS AGENCY, INC.	

Principal Place of Business 2523-E APALACHEE PARKWAY TALLAHASSEE, FL 32301	Mailing Address 2523-E APALACHEE PARKWAY TALLAHASSEE, FL 32301
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02182005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3481391	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, COLEY B 1561 GOODWOOD DRIVE TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restoring) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PVD WILLIAMS, BILL C 1561 GOODWOOD DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY ST ZIP	SDS WILLIAMS, COLEY B 1561 GOODWOOD DRIVE TALLAHASSEE, FL 32308
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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: Bill C. Williams 3-1-05 850-8728000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR