

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90387 011 ***150.00

DOCUMENT # P98000033199

1. Entity Name

A. WILLIAMS ELECTRIC COMPANY



Principal Place of Business

**13804 N BOULEVARD
TAMPA FL 33613
US**

Mailing Address

**PO BOX 15536
TAMPA FL 33684
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 280015

Suite, Apt. #, etc.

City & State

Tampa, FL 33682-0015

Zip

Country

Zip

Country

4. FEI Number **59-3506260**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JANEZIC, JOSEPH
4815 E. BUSH BLVD #113
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name **B. Edgar Cooper**

Street Address (P.O. Box Number is Not Acceptable)
10220 U.S. Highway 19 North

City **Port Richey, FL**

Zip Code **34668**

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

B. Edgar Cooper

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, 2005 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 **P** ☐ Delete
NAME **WILLIAMS, ANDRE**
STREET ADDRESS **13804 N BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **S** ☐ Delete
NAME **WILLIAMS, VALERIE**
STREET ADDRESS **13804 N BLVD**
CITY-ST-ZIP **TAMPA FL 33613**

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
NAME
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NAME
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CITY-ST-ZIP

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:

Valerie Williams

Valerie Williams, Secretary

4/11/05

813 269-7302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #