


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90025 036 \*\*\*158.75

<b>DOCUMENT # P98000038736</b> 1. Entity Name <b>C.O. WILLIAMS PLASTERING INC.</b>			
Principal Place of Business <b>POST OFFICE BOX 185 BOSTWICK, FL 32007</b>		Mailing Address <b>POST OFFICE BOX 185 BOSTWICK, FL 32007</b>	
2. Principal Place of Business <b>400 Polk Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>400 Polk Avenue</b> Suite, Apt. #, etc.	
City & State <b>Orange Park, FL</b> Zip <b>32065</b> Country <b>USA</b>		City & State <b>Orange Park, FL</b> Zip <b>32065</b> Country <b>USA</b>	
4. FEI Number <b>65-0832016</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01092004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, CLYDE O II 106 PRICE STREET BOSTWICK, FL 32007</b>		7. Name and Address of New Registered Agent Name <b>Clyde O. Williams III</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 Polk Avenue</b> City <b>Orange Park</b> FL Zip <b>32065</b>	
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>X Clyde O. Williams III</b> DATE <b>1-12-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CLYDE O II 106 PRICE STREET BOSTWICK, FL 32007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CLYDE O III 458 POLK AVENUE ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400 Polk Avenue</b> <b>Orange Park, FL 32065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>X Clyde O. Williams III</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-12-04</b> Daytime Phone # <b>904-276-9163</b>	