

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90165 026 ***150.00

DOCUMENT # P98000038736 1. Entity Name C.O. WILLIAMS PLASTERING INC.			
Principal Place of Business 460 POLK AVENUE ORANGE PARK, FL 32065		Mailing Address 460 POLK AVENUE ORANGE PARK, FL 32065	
2. Principal Place of Business 106 Price Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 185 Suite, Apt. #, etc.	
City & State BOSTWICK, FL.		City & State BOSTWICK, FL.	
Zip 32007		Zip 32007	
Country USA		Country USA	
4. FEI Number 65-0832016		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, CLYDE O III 460 POLK AVENUE ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name Clyde O. Williams III Street Address (P.O. Box Number is Not Acceptable) 106 Price Street City BOSTWICK FL 32007	
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: <u><i>Clyde O. Williams III</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, CLYDE O III 460 POLK AVENUE ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 Price Street BOSTWICK, FL. 32007
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
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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 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: <u><i>Clyde O. Williams III</i></u>		Date <u>01/04/06</u> Daytime Phone # <u>(386) 325-2248</u>	