FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90011 048 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000038736

1. Entity Name
C.O. WILLIAMS PLASTERING INC.

4000--

Principal Place of Business	Mailing Address
460 POLK AVENUE ORANGE PARK, FL 32065	460 POLK AVENUE ORANGE PARK, FL 32065
2. Principal Place of Business - No P.O. Box #: 106 Price Street	3. Mailing Address: P.O. BOX 185
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bostwick Fl.	City & State: Bostwick Fl.
Zip: 32007 Country: USA	Zip: 32007 Country: USA

01142008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0832016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 Zip Code: 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: X Clyde O. Williams III
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CLYDE O III	NAME	
STREET ADDRESS	106 PRICE STREET	STREET ADDRESS	
CITY-ST-ZIP	BOSTWICK, FL 32007	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X Clyde O Williams III 4-11-08 386-325-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #