

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000051085	
1. Entity Name WILLIAMS & ROWE CUSTOM HOMES, INC.	

Principal Place of Business 5215 HWY AVE.. SUITE 101 JACKSONVILLE, FL 32210	Mailing Address 5215 HWY AVE.. SUITE 101 JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3516829	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITEFIELD, B. THOMAS
3974 WOODCOCK DR., STE. 100
JACKSONVILLE, FL 32207**

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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 reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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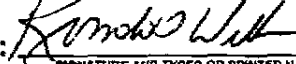
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RONALD D 5215 HWY AVE.. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN R SR. 5215 HWY AVE.. JACKSONVILLE, FL 32210
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01/20/04-80016-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Ronald D. Williams** 1-9-04 904-781-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #